Adrian College Adrian College Schedule Change Form (for Withdrawals only)				See Academic Calendar for Deadline Dates.		
Student No.	Last Name	ge Form (for withdrawais only)	First Name	MI	Semeste	er
Phone Number						_
Permission t	o Enroll - Auth	orized to enroll in the follo				
Dept. Course #	9	C	Instructor signature (if class is full)	Instructor Sign	<u>the has not been</u>	Pre-Req?
Dours	e					
Dept.	Sec Title			NOTE:		
				* Dro	d an <i>open</i> course op a course <i>(only during</i>	
WITHDRAW C	ourses (After e	nd of official Add/Drop perio	od)		pp week)	
Dept. Course #	Sec	Title		Cr Hrs forms a Office a	ndent Study and Individual re available in the Registra nd online at rian.edu/registrar/forms.ph	r's
* By submitting t	his form with or with	nout my advisor's signature, I take	responsibility and understand sche			

financial aid and graduation ramifications that could impede me from graduating in four years.

