



# Change of Schedule Request Form

CCGA ID: \_\_\_\_\_ NAME: \_\_\_\_\_  
Last First MI

Term: FALL / SPRING / SUMMER Year: \_\_\_\_\_

Special Student Groups — Circle all that apply

Reason for Dropping Class

*Are you a Student Athlete?	Yes	No	_____ Academic	_____ Work Obligation
Receiving Financial Aid?	Yes	No	_____ Personal Reasons	_____ Medical Reasons
Receiving Veteran Education Benefits?	Yes	No	_____ Financial Reasons	_____ Moving Out of Area
*Are you an International Student?	Yes	No	_____ Other (please explain): _____	
*Signature required below				

	CRN	Course	Credits	Instructor Signature
Example	21000	MATH 2112	3	John Smith
<b>DROP</b>				
<b>ADD</b>				

## Required Signatures:

Student: \_\_\_\_\_ Date: \_\_\_\_\_

Advisor: \_\_\_\_\_ Date: \_\_\_\_\_

Financial Aid Office: \_\_\_\_\_ Date: \_\_\_\_\_

\*Athletic Compliance Officer: \_\_\_\_\_ Date: \_\_\_\_\_

\*International Admissions: \_\_\_\_\_ Date: \_\_\_\_\_

For processing return to the Registrar's Office

Processed by: \_\_\_\_\_ Date: \_\_\_\_\_