

WINTHROP UNIVERSITY

Schedule Change Form

Student Number _____

Student Name (Last, First, Middle) _____

Please Print

COURSES TO ADD TO SCHEDULE

Call Number (5 digit number)	Subject	Course Number	Semester Hours	Approval , if necessary, from department chair or dean of college. Approval needed for closed and restricted courses

COURSE TO BE TAKEN ON S/U BASIS. (Only one course may be taken on the S/U basis.)

Subject	Course Number	Semester Hours

COURSES TO DROP FROM SCHEDULE

Subject	Course Number	Semester Hours

Student Signature: _____

Date: _____

Registration Office Use Only	
Term:	_____
Date of Action:	_____
Processed By:	_____