

# WINTHROP UNIVERSITY

## Riley College of Education - Schedule Change Form

Student Number \_\_\_\_\_ Student Name (Last, First, Middle) \_\_\_\_\_ *Please Print*

Semester \_\_\_\_\_ Email \_\_\_\_\_@winthrop.edu Phone \_\_\_\_\_

### COURSES TO ADD TO SCHEDULE

Call Number (5 digit number)	Subject	Course/Section Number	Approval, if necessary from department chair or dean of college. Approval is required for closed and restricted courses. (Department chair approval needed prior to Dean)		
			Advisor	Department Chair	Dean *

COMMENTS

\* Dean's signature is required if change is requested after the semester drop/add date.

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

**TEACHER CERTIFICATION STUDENTS:** Double check your course. Some courses are not allowed to be taken on the S/U basis in your major.

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: \_\_\_\_\_