Course Schedule Adjustment Form

Please print all information legibly. Use this form only after Drop/Add ends. Please complete this form by the published deadline.

UFID: __ __ __ __ - __ __ __ __

NAME: __________________________________________________

TERM/YEAR _____ / ______

ADD  COURSE ___________ Section _______ Credits _____
     COURSE ___________ Section _______ Credits _____

Department Approval FOR ADD(s)  Date

DROP  COURSE ___________ Section _______ Credits _____
      COURSE ___________ Section _______ Credits _____

SIGNATURE of STUDENT  Date

MARY KATE MEESE  DE Advisor, CPET  Date

Variable Credit Courses: To adjust the number of credits you are receiving, please fill in the “ADD” portion of this form with the new number of credits and the “DROP” portion of this form with the former number of credits and obtain all necessary signatures.