



SCHEDULE CHANGE FORM

Holy Names University: Student Resource Center
3500 Mountain Blvd, Oakland, Ca 94619

REQUIRED INFORMATION

Name _____ Student ID ■ ■ ■ - ■ ■ - □ □ □ □

▼ *Before making any changes in your total number of units, please note that it may affect your billing and/or Financial Aid*

I wish to change my schedule as follows: _____

Student Signature

Date

Advisor's Signature (REQUIRED)

Date

Second Advisor's Signature (If applicable)

Date

ADD

Dept	Number	Section	Title	Units	Year	Term	Waitlisted	Instructor Signature	Date

Note: Signature of Instructor is REQUIRED starting the FIRST day of the term

DROP

Dept	Number	Section	Title	Units	Year	Term	Waitlisted	Instructor Signature	Date

Note: Signature of Instructor is REQUIRED starting the FIRST day of the term

WITHDRAWAL

NOTE: After the end of the "DROP" period, a "WITHDRAWAL" will be the only option. FEE: \$10/Class

Dept	Number	Section	Title	Units	Year	Term	Instructor Signature	Date

CLASS STATUS CHANGE

Dept	Number	Section	Title	Units	Year	Term	Grading Change		Unit Amount Change	
							Current (CR/LG/AU)	Change to (CR/LG/AU)	Current (#)	Change to (#)

KEY: CR = Credit/No Credit; LG= Letter Grade; AU= Audit

OFFICE USE ONLY

Effective Date: _____ Student Accounts Clearance: _____ Fee Charged: _____ Input: _____