

Schedule Change Form

Holy Names University
3500 Mountain Boulevard, 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 (REQUIRED)

_____ Date

_____ Advisor's Signature (REQUIRED)

_____ Date

_____ 2nd Advisor's Signature (if applicable)

_____ Date

ADD

DEPT	Class Number	Class Section	Title	Class Units	Year	Term	Wait-listed	Instructor Signature	Date

Note: Instructors' Signatures are **REQUIRED** starting the **FIRST DAY OF THE TERM**

DROP

DEPT	Class Number	Class Section	Title	Class Units	Year	Term	Wait-listed	Instructor Signature	Date

Note: Instructors' Signatures are **REQUIRED** starting the **FIRST DAY OF THE TERM**

WITHDRAWAL

DEPT	Class Number	Class Section	Title	Class Units	Year	Term	Instructor Signature	Date

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

CLASS STATUS CHANGE

DEPT	Class Number	Class Section	Title	Class Units	Year	Term	Grade Type Change (CR/LG/AU)		Unit Amount Change	
							Current	Change to	Current	Change to

Key: CR= Credit/No Credit (Pass/Fail) ; LG = Letter Grade; AU = Audit.