

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

ADD

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

DROP

DEPT	Class Number	Class Section	Title	Class Units	Year	Term

WITHDRAWAL

Note: The Withdrawal Fee is \$10/Class

DEPT	Class Number	Class Section	Title	Class Units	Year	Term

NOTE:

- Use the Schedule Change Form: Special Circumstances for the following changes:
 - Add courses with time conflicts, courses you are repeating, and courses that require prerequisite authorization.
 - Add courses in which Instructor's Signatures are **REQUIRED** (i.e. Private Music Lessons)
 - Moved off a waitlist and enrolled in the course
 - Grading Status Changes

OFFICE USE ONLY

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