

	□ 2017
□ Summer	□ 2018
☐ Fall	☑ 2019

			SC	CHEDUL	E REQUE	ST FO	RM				
	□ New/Ret *New/Returning: If		•		Continuin **Continuing: If yo	_		ter	□ K	-12 Student	
Student ID	# (Write your SSN or Da	te of Birth	n if you do no	ot know ID#)	Phone Numb	er					
Last Name				First Name			Middle Initial				
Student Signature Date											
COURS	SE ADDS										
SECTION NO.	COURSE	UNITS	DAY	TIME	BLDG/ROOM	OFFIC	CE USE ONLY - I	MM = M	lultiple N	/leasure / OTR = Other Tr	anscript
					INSTRUCTIONAL DEAN'S SIG. REQUIRED IF EFFECTIVE DATE IS AFTER 3 RD WEEK					ER 3 RD WEEK	
	FNGI-01A 4 MWF 7-10nm		,	COUNSELOR SIGNATURE AP IF PREREQUISITES NOT MET		OV APP U: MM	ACEMENT DYERRIDE PPROVED USING 1 OTR (IF NEEDED)		DATE OF FIRST ATTENDANCE		
	MGMT- 50K	.5	W	1- 5:15 PM	BRC					PPistoresi	2/13/19

COURSE DROPS

CLASS THAT THEY DO	RESPONSIBILITY TO DROP ANY ONOT INTEND TO COMPLETE. AY AFFECT ACADEMIC STATUS INANCIAL AID.	OFFICE USE ONLY		
SECTION NO.	COURSE	COUNSELOR SIGNATURE REQUIRED		
EXAMPLE: 1001	ENGL-01A	IF DROPPING GUID-54		

PASS/NO PASS OPTION

UP TO A 12 UNIT LIFETIME MAXIMUM MAY BE TAKEN ON A P/NP BASIS.
STUDENTS HAVE UNTIL THE END OF THE FOLLOWING SEMESTER TO
CHANGE FROM PASS/NO PASS TO A LETTER GRADE.

SECTION NO.	COURSE	UNITS
EXAMPLE: 1001	ENGL-01A	4
	······································	
		1