## **Schedule Change Form**

Please **DROP** the following courses:

Please **ADD** the following courses:

Name: \_\_\_\_\_

Dept Num Sec

Dept Num Sec

Last

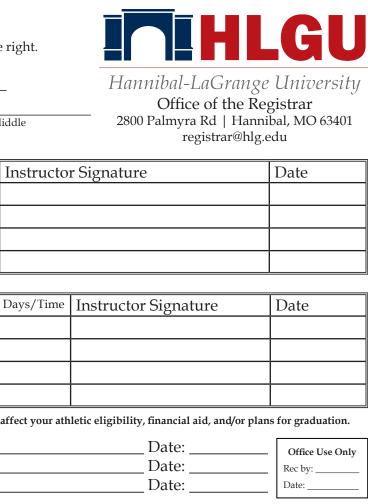
This form may be returned in person or to adddress or email to the right. Please type or print.

First

HLGU ID #: Semester:

Course Name

Course Name



Before submitting this form to the registrar's office, please check if changes will affect your athletic eligibility, financial aid, and/or plans for graduation.									
Check Boxes That Apply  ☐ Athlete ☐ VA Benefits			Student Signature:			Date:	Office Use Only		
			Advisor Signature:			Date:	Rec by:		
			Coach Signature:			Date:	Date:		
			(if playing any spo	ort)					

Middle

Hrs

Hrs