

Change of Schedule Form (ADD/DROP)

Last Name

First Name

Student ID#

Phone Number

Email

Semester:

Fall

Winter

Spring

Summer

Year: _____

CRN #	Course Title	Credits	Change (Check One)		Reason for change(s)
			DROP	ADD	
			DROP	ADD	
			DROP	ADD	
			DROP	ADD	
			DROP	ADD	
			DROP	ADD	

Student's Signature: _____ Date: _____

Changes Approved By: _____ Date: _____

Credits this term BEFORE change:	Credits this term AFTER change:
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**** Please note: If you are only dropping and not adding after the semester has started, please use the Withdrawal Form:
<https://www.tunxis.edu/wp-content/uploads/2020/10/Course-Withdrawal-Form.pdf> ****