



CHANGE OF SCHEDULE FORM

Fall 20 _____ Spring 20 _____ Summer 20 _____ Online/WECO Session _____

Full name _____ Student ID# _____

Phone _____ Email _____@students.ndc.edu

Student athlete? (Select one) Yes No If yes, specify sport: _____

Do you receive VA benefits? (Select one) Yes No

If semester hours exceed 19, Overload Approval is required from the Office of Academic Affairs.

Total Max Hours Approved _____ OAA Signature _____

COURSE INFORMATION

Add	Drop	Dept	Number	Section	Course Title	Credits

Advisor Signature: _____

1. Students with financial aid dropping below full-time status **MUST** check with the Financial Aid Office to determine if dropping below full-time will have any effect on financial aid.
2. Student-Athletes **MUST** obtain signature approval from the Registrar of Athletic Eligibility if dropping a course(s).

Registrar Signature: _____

3. Veteran Beneficiaries **MUST** notify the certifying official of your change in schedule. Dropped courses may affect benefit level.

By signing this form, you have read and agreed to the policies above:

Student Signature

Date

For Office Use Only

Processed by: _____

Processed on: _____

Rev.10/2010