



**Talladega College
Academic Advisement
Change of Schedule Form (Drop/Add)**

PRINT LEGIBLE

FALL TERM 20_____ SPRING TERM 20_____ SUMMER TERM 20_____ ID# _____

Last Name: _____ First name: _____ Middle Initial: _____

Permanent Address: _____ City, ST, Zip _____

Telephone Number(s): _____

Local/Campus Address: _____ City, ST, Zip _____

COURSES TO BE DROPPED

| Dept. Code | Course No. | Section | Course Title | Credit Hours | Time | Days | Building/ Room # |
|------------|------------|---------|--------------|--------------|------|------|------------------|
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COURSES TO BE ADDED

| Dept. Code | Course No. | Section | Course Title | Credit Hours | Time | Days | Building/ Room # |
|------------|------------|---------|--------------|--------------|------|------|------------------|
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Major _____ Minor _____

Students Signature _____ Date _____

Approved By Advisor _____ Date _____

The Faculty Advisor must keep a copy of the Change of Schedule Form for their records.