

CHANGE OF CLASS SCHEDULE FORM

ALASKA PACIFIC UNIVERSITY

Student's Name _____ APU# _____





 Last First M.I. Social Security # _____
 Current Mailing Address _____
 Street or P. O. Box _____ Phone # () _____
 _____ Home
 _____ () _____
 _____ City State ZIP _____ Work

Year _____ Fall Spring Summer If dropping courses, are you replacing them? No Yes (List on THIS form.)

<i>DROP</i> Course Number	<i>DROP</i> Section	<i>DROP</i> Course Title	<i>Sem</i> <i>Hrs</i>	<i>DROP</i> Instructor's Signature (Required)	<i>Certified Date of Last</i> <i>Attendance (Required)</i>
<i>Total</i>					

<i>ADD</i> Course Number	<i>ADD</i> Section	<i>ADD</i> Course Title	<i>Sem</i> <i>Hrs</i>	<i>ADD</i> Instructor's Signature (Required after First Class Meeting)
<i>Total</i>				

Total Hours After Change _____ WILL CHANGE AFFECT COURSE LOAD (full- to part-time/part- to full-time)? IF SO, report to Student Financial Services.

Student's Signature  _____ Date _____
 Student Financial Services' Signature  _____ Date _____
 Advisor's Signature  _____ Date _____
Overload Signature
 Academic Dean  _____ Date _____
 _____ Date Processed in Registrar's Office _____ Initials _____

FOR BUSINESS OFFICE/FINANCIAL AID OFFICE USE ONLY

_____ Date Processed in Business Office _____ Initials _____