

## Vincennes University Schedule Change Form

<b>DATE</b>	<b>ENROLLMENT</b>							NAME	
								MAJOR	
Month/Date/Year	Fall	SPR	INR	SS 1	SS 2	YEAR		MAJOR NUMBER	
<b>STUDENT ID NUMBER</b>								PROGRAM CODE	
<b>A</b>								DEGREE	

**PLEASE NOTE: ANY CHANGES IN COURSE SCHEDULE WILL BE MADE ONLY WITH THE SIGNATURES OF THE ADVISOR AND THE PROFESSOR OF THE COURSE LISTED.**

	COURSE NUMBER				COURSE TITLE	CR HR	DAY	TIME	LDOA*	APPROVAL
	CRN NUMBER	SUBJECT	NUMBER	SECTION						
D										
R										
O										
P										

**ACADEMIC ADVISOR'S SIGNATURE:**

**TOTAL HOURS DROPPED:**

	COURSE NUMBER				COURSE TITLE	CR HR	DAY	TIME	LDOA*	APPROVAL
	CRN NUMBER	SUBJECT	NUMBER	SECTION						
A										
D										
D										

**ACADEMIC ADVISOR'S SIGNATURE:**

**TOTAL HOURS ADDED:**

Remarks:

Check One:

- Change of Placement
- Time Conflict
- Student Choice
- Other

	<b>APPROVED BY REGISTRAR'S OFFICE</b>	<b>EFFECTIVE DATE</b>
	<b>TOTAL HOURS ENROLLED PRIOR TO CHANGE</b>	
	<b>TOTAL HOURS ENROLLED AFTER THE CHANGE</b>	

\*A last date of attendance must be provided for class withdrawals.