CHANGE OF SCHEDULE FORM

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

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<th>Add</th>
<th>Drop</th>
<th>Dept</th>
<th>Number</th>
<th>Section</th>
<th>Course Title</th>
<th>Credits</th>
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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