# University of Bridgeport

Schedule Change Request

*This Form Must Be Used To Effect ALL Change Action To Student's Schedule*

Student ID: | Semester/Year:
Last Name: | First Name:

Address: | City & State: | Zip:

Status: | Graduate Level:

## ADD

| Item No. | Department Course No. | Section | Sem Hrs. | Instructor Signature |
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## DROP

| Item No. | Department Course No. | Section | Sem Hrs. |
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## ADD