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:

Status: | Graduate Level:

ADD

Item No.	Dept. Course No.	Section	Sem Hrs.	Instructor Signature

Total Sem. Hrs.

DROP

Item No.	Department Course No.	Section	Sem Hrs.

Total Sem. Hrs.

Advisor Signature:

Date:

Student Signature:

Date:

Registrar Signature:

Date:

Reason for change: