



*Completed Form Must Be Submitted To Registrar's Office For Processing*

## University of Bridgeport

### Schedule Change Request

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

Student ID:

Last Name:

Semester/Year:

First Name:

Status:

Graduate Level:

### ADD

Item No.	Department No.	Course	Section	Sem Hrs.	Instructor Signature
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Total Sem. Hrs.

### DROP

Item No.	Department No.	Course No.	Section	Sem Hrs.
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Total Sem. Hrs.

Reason for change:

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**Advisor Signature:**

**Date:**

**Student Signature:**

**Date:**

**Registrar Signature:**

**Date:**