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 Course No.	Section	Sem Hrs.	Instructor Signature

DROP

Item No.	Department Course No.	Section	Sem Hrs.

Advisor Signature:

_____

Date:

_____

Student Signature:

_____

Date:

_____

Registrar Signature:

_____

Date:

_____

Reason for change:

_____

_____

_____