



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:

Address:

City & State:

Zip:

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: