**SCHEDULE REVISION REQUEST**

(SEE NEXT PAGE FOR INSTRUCTIONS)

# Student name:

**Student ID:**

**School/Department: Information Technology Major:**

**Student Telephone Number:**

**Academic Year: Semester: 1**  **2**  **Summer** 

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **No.** | **Subject** | **Subject ID** | **Subject group** | **Revision request** | | | **Remark** |
| **Add** | **Drop** | **Group SWAP** |
| 1 |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |

Reason

Student signature (required): \_\_ Date: \_\_ Advisor’s/School’s approval (required): Date:

**SECTION TO BE COMPLETED BY OAA**

|  |  |
| --- | --- |
| **OFFICE USE ONLY** | |
| Processed by | Process date |

Received by: Date of receipt : Date of response:

**SCHEDULE REVISION INSTRUCTIONS**

This form is only used for freshmen or when student need to change the schedule after official registration week on Edusoft web and freshmen.

**PROCEDURES**

After fulfill the request, student submit it to the Schools/Departments through secretary.

The Schools must check (through the academic advisors) and give their opinions on the students’

file of document, and then send them to the Office of Academic Affairs for settlement.

**NOTIFICATION**

The schedule revision will be accepted if the maximum credits per semester is:

* *Semester 1, 2: 24*
* *Summer Semester: 12*

Please check carefully subjects’ schedule to assure there is no confliction between them.