



# SAMPSON COMMUNITY COLLEGE

*A member institution of the North Carolina Community College System  
Established 1967*

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## SCHEDULE CHANGE FORM

### STUDENT INFORMATION

First Name		Curriculum Program	
Middle Name		Date Form Completed	
Last Name		Academic Year	
Student ID#		Semester	<input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer

### ADD COURSES

Course Prefix/ Number	Section	Course Title	Credits	Meeting Days	Times	Advisor Signature

### DROP COURSES

Course Prefix/ Number	Section	Course Title	Credits	Census Date (on roster)	Last Date of Attendance	Grade	Status	Instructor Signature (required for processing)

### REASON FOR SCHEDULE CHANGE (Please provide detailed explanation)


Student Signature

Date

### STUDENT SERVICES USE ONLY

Credit Hours Before Change

Credit Hours After Change

Comments:

Date Processed		Authorized Staff Signature	
Financial Aid/VA	Y	N	Financial Aid/VA Signature

### BUSINESS OFFICE USE ONLY

Original Registration Receipt Number		Validation Area
Tuition for Credit Hours After Change		
Less Tuition Paid		
Tuition Due (Code _____)		
Student Activity Fee		
Parking Fee		
Insurance Fee		
Total Charges		

\_\_\_\_\_ No Refund – courses dropped after refund date.  
\_\_\_\_\_ Refund Approved.

Business Office – Original

Business Office – Copy

Cashier – Copy

Student Services – Copy

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