

STUDENT SCHEDULE CHANGE FORM
(To be used for changes to a pre-existing schedule)

REGISTRATION-T

Print clearly and use ink (no pencil).

Royal ID	Name	Scranton Email Address @scranton.edu
College <input type="checkbox"/> CAS <input type="checkbox"/> KSOM <input type="checkbox"/> PCPS	Class <input type="checkbox"/> Freshman <input type="checkbox"/> Sophomore <input type="checkbox"/> Junior <input type="checkbox"/> Senior <input type="checkbox"/> Graduate	Cell Phone #
Major	Term <input type="checkbox"/> Fall <input type="checkbox"/> Intersession <input type="checkbox"/> Spring Summer <input type="checkbox"/> S1 <input type="checkbox"/> S2 <input type="checkbox"/> S3 <input type="checkbox"/> S4 <input type="checkbox"/> S5	Year

Courses To Be Dropped						Courses To Be Added			
CRN	Subject	Number	Section	Last Date of Attendance (Required to Process)	Instructor's Signature (Required after 100% refund period)	CRN	Subject	Number	Section

I have read the policy for Course Schedule Changes.

Student Signature	Date
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Approval Signatures	Approved	Not Approved	Date
Academic Dean			
Mentor (Required for undergraduate students in accelerated programs and graduate students)			

Return the completed form to the Office of the Registrar and Academic Services, O'Hara Hall.

ORAS Office Use: Tuition refund based upon policy/last date of attendance <input type="checkbox"/> 100% <input type="checkbox"/> 75% <input type="checkbox"/> 50% <input type="checkbox"/> 25% <input type="checkbox"/> W Grade (no refund)			
<input type="checkbox"/> Course(s) Added/Dropped <input type="checkbox"/> Scan record	Signature	Date	