

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 <i>(Required to Process)</i>	Instructor's Signature <i>(Required after 100% refund period)</i>	CRN	Subject	Number	Section

I have read the policy for Course Schedule Changes.

Student Signature	Date
-------------------	------

Approval Signatures	Approved	Not Approved	Date
Academic Dean			
Mentor <i>(Required for undergraduate students in accelerated programs and graduate students)</i>			

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

<i>ORAS Office Use:</i> 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	