

Add/Drop



SOUTHWESTERN
COLLEGE
1885

Term: (Circle) **Fall Spring Summer** **Year:** _____

<i>Last:</i> _____	<i>First:</i> _____	<i>Student ID#</i> _____
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Course #	Section	Add/Drop	Course Name	Hrs

***Schedule changes may cause billing adjustments. Please see Student Accounts Office with questions.*

Student: _____ Today's Date: _____

Advisor: _____ Advisor's name: (please print) _____

International students must also have approval from ISS director for schedule changes: ISS Director: _____

Prerequisite override approved by Chair: _____ Chair's name: (please print) _____

Notes:

Rec'd by Reg. Office: _____

Processed by & Date: _____

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