



Change of Schedule Request Form

CCGA ID: _____ NAME: _____
Last First MI

Term: FALL / SPRING / SUMMER Year: _____

Special Student Groups — Circle all that apply

Reason for Dropping Class

*Are you a Student Athlete?	Yes	No	_____ Academic	_____ Work Obligation
Receiving Financial Aid?	Yes	No	_____ Personal Reasons	_____ Medical Reasons
Receiving Veteran Education Benefits?	Yes	No	_____ Financial Reasons	_____ Moving Out of Area
*Are you an International Student?	Yes	No	_____ Other (please explain): _____	
*Signature required below				

	CRN	Course	Credits	Instructor Signature
Example	21000	MATH 2112	3	John Smith
DROP				
ADD				

Required Signatures:

Student: _____ Date: _____

Advisor: _____ Date: _____

Financial Aid Office: _____ Date: _____

*Athletic Compliance Officer: _____ Date: _____

*International Admissions: _____ Date: _____

For processing return to the Registrar's Office

Processed by: _____ Date: _____