

**MILLSAPS COLLEGE**  
OFFICE OF RECORDS

**Change of Schedule DATE** \_\_\_\_\_  
(See college catalog for associated fees.)

Student ID # \_\_\_\_\_ Term \_\_\_\_\_ Yr. \_\_\_\_\_

NAME \_\_\_\_\_  
Last First Middle

	Subject	Course #	Section	Sem. Hrs	*Special Instructions	INSTRUCTOR SIGNATURE <small>(required after first week of class)</small>
ADD						
ADD						
ADD						
**DROP						
**DROP						
**DROP						

White Copy Records, Yellow Student

Student Signature \_\_\_\_\_ Advisor Signature \_\_\_\_\_

\*Special Instructions – AUD – course to be audited  
– CR/NC – credit/no credit grade only

\*\*If a student drops a class after the published last day for schedule changes, the student will be withdrawing from a class with a W placed permanently on their transcript.

Office: Recieved Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Hours changed from \_\_\_\_\_ to \_\_\_\_\_  
Initial \_\_\_\_\_