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 (required after first week of class) |
|---|---|---|---|---|---|---|
| **ADD** | | | | | | |
| **ADD** | | | | | | |
| **ADD** | | | | | | |
| ****DROP** | | | | | | |
| ****DROP** | | | | | | |
| ****DROP** | | | | | | |

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:** Received Date_____

Hours changed from _____ to _____

Initial _____