

CHANGE OF SCHEDULE FORM

STUDENT ID NUMBER	LAST NAME	FIRST NAME	MIDDLE INITIAL	QUARTER
_____	_____	_____	_____	_____

						CHANGE			
ITEM #	DEPT.	NUMBER	CREDITS	ADD	DROP	PASS/F	AUDIT	# CRS	INSTRUCTOR SIGNATURE

Is this a total withdrawal from Big Bend Community College? Yes No Date last attended _____

NOTE: Reducing credits may affect financial aid, progress towards a degree and eligibility for athletics or other student activities. Please obtain advice as needed.
See the current quarter class schedule for refund information.

Student Signature _____

Date _____

Submit **completed** form to Admissions/Registration in the 1400 Building

Entered by _____