PARKER
UNIVERSITY

Schedule Change Request Form

To be completed for any schedule changes requested AFTER the first week of a student's tri-mester or 4-month enrollment period

Name:_____ Student ID #:_____

Term:_____ Program:_____

Are you an International Student? Yes □ No □ Do you receive VA Benefits? Yes □ No □

COURSE WITHDRAWAL REQUEST:

Course Number	Course Name	Course Begin Date	Course Credits	*Circle One ***WF – DC only***	*Instructor Signature
				WP or F/WF	
				WP or F/WF	
				WP or F/WF	

COURSE ADD REQUEST:

Course Number	Course Name	Course Begin Date	Course Credits

Please check the appropriate box and provide a brief explanation of change request (non-DC):

- ❑ Accepted in a major curriculum
- ❑ Graduating
- ❑ Currently on a schedule gap with an opportunity to take a new course
- ❑ Change of Major

Explanation:_____

_____ _____

Student Signature Date

**This form must be approved by a senior representative from academics, financial aid and the business office. Please follow the below order of department signatures.*

_____ _____

1) Academics Date 2) Financial Aid Date

_____ _____

3) Business Office Date 4) Registrar's Office Date

01/10/2018 ar