

AUBURN UNIVERSITY SCHEDULE ADJUSTMENT FORM

Today's Date: _____

Student Banner ID Number: _____

College: _____

Student Name: _____

(last)

(first)

(mi)

This is to certify that this student is authorized to make the following exception to Auburn University's policies and procedures for the indicated term:

CHECK ONE: FALL SPRING SUMMER Year _____

EXPLANATION OF CHANGES: _____

The student requests and has permission to DROP the following course(s) after mid-term:

CRN#	Course/ Number	#Hours	Instructor's Signature	Grade	Last Date of Attendance
					*
					*
					*

*** If after midterm, drop will result in a W or WF appearing on transcript.**

The student requests and has permission to ADD the following course (s) after the 15th class day.
(5th class day during the summer term):

CRN#	Course/ Number	# Hours	Instructor's Signature	Effective Date of Add
			*	
			*	
			*	

*** Instructor's signature confirms the student has sufficient time to complete all required course work.**

Student's Signature _____ Dean's Signature _____

Advisor's Signature _____ Registrar's Signature _____

Provost's Signature _____ Date _____