Office of the Registrar

University of Virginia's College at Wise

SCHEDULE ACTION FORM

Semester / Term: _____

Date: _____

Your Name: _____

Jenzabar ID No.#:
or last 4 digits of SSN#: _____

PLEASE CHECK STUDENT STANDING:

- ☐ **FRESHMEN**
- ☐ **SOPHOMORE**
- ☐ **JUNIOR**
- ☐ **SENIOR**
- ☐ **NON-DEGREE**

Comments:

Advisor Signature (required)

Dean or Dept. Chair Signature (if required/requested by the Office of the Registrar)

SCHEDULE CHANGE(S) - PLEASE COMPLETE ALL SECTIONS

PLEASE USE THE COMPLETE COURSE ID & NUMBER (EX: ENG-1020-05)

COURSE ID and #	COURSE TITLE EX. (SCIENTIFIC METHODS)	NO.# OF CREDITS	ADD	DROP	Initials for Course Authorization (if needed)
			☐ ADD	☐ DROP	
			☐ ADD	☐ DROP	
			☐ ADD	☐ DROP	
			☐ ADD	☐ DROP	
			☐ ADD	☐ DROP	
			☐ ADD	☐ DROP	
			☐ ADD	☐ DROP	
			☐ ADD	☐ DROP	
			☐ ADD	☐ DROP	

With above changes, I'll be registered for _____ credits.

All over loads a (over 18 hrs for regular term and over 7 hrs. for a summer term) must be approved by the Academic Dean or the Registrar.

Notice: PLEASE INSURE THAT YOUR FORM HAS BEEN PROCESSED.
It is the student's responsibility to check the student portal to insure this form has been processed and their course schedule is accurate. Updated schedule(s) appear on-line within 1-2 business days.

FOR OFFICE USE ONLY;