Maryville College

Office of the Registrar

Schedule Adjustment Form

Last Name

First Name

ID Number

0 -

Term

Year 2 0 1

Advisor Signature

Advisor Comments:

Check one action per line and complete course information:

Add	Drop	Course Prefix	Course Number	Section	CrHr	Instructor Permission (required to *DROP* or *ADD* after the 1st week of class)

Student Signature

Associate Dean **(required to *ADD* after the 1st week of class)**

Rec'd in the Registrar's Office by:

Date:

(Rev. 8/27/18)