

Missouri Baptist University

Undergraduate Schedule Adjustment Form

All information must be completed. To be used for adjusting schedules ONLY. For withdrawal from all courses, use a Withdrawal from School form. Please return to **Records Office** for processing.

TODAY'S DATE: _____ STUDENT ID#: _____

NAME: _____ PHONE#: _____

Do you receive VA benefits of any kind? ☐ Yes ☐ No

LEARNING CENTER LOCATION: _____ **TERM:** _____ **YEAR:** _____

☐ FALL ☐ SPRING

IF ATHLETE, WHAT SPORT? _____ ☐ WINTERIM ☐ SUMMER

DROP THE FOLLOWING:

WAITING LIST: []

Course ID/ #	Section	Course Title	Withdrawal Status	Cr Hrs
			OFFICE	
			USE	
			ONLY	

ADD THE FOLLOWING:

Course ID/ #	Section	Course Title	Day	Time	Cr Hrs

Student Signature Date

Advisor Signature Date

Academic Dean Signature (required for overload) Date

Athletic Director Signature (required for athletes) Date

Total Hours before adjustment	
Total Hours dropped	
Total Hours added	
Total Hours after adjustment	

International Student Advisor Signature Date

Records Office Signature Date

This form must be signed and may be returned by fax (314-744-7652), scanned or photographed and emailed to recordsoffice@mobap.edu.

Effective Date