READING AREA COMMUNITY COLLEGE
SCHEDULE CHANGE FORM
(PLEASE USE BLUE OR BLACK INK PEN ONLY)

_____   _____   _____
Social Security Number   Student ID Number   Date

_____
PRINT: Last Name   First Name   MI

_____ / _____
Year (i.e. 2008 FA)   Semester

STUDENT INSTRUCTIONS:
It is your responsibility to stop for signatures at the following offices:
_____ ❶ Academic Advisor or CAS, Berks Hall, Room 209
_____ ❷ Financial Aid, Berks Hall, Room 107
_____ ❸ Student Records, Berks Hall, Room 107

Course Selections are entered by the section #. Be sure you have the correct number written on this card.

COURSE #	TITLE	CREDITS	INSTRUCTOR SIGNATURE (needed after refund period)
ADD __ __ __-__ __ __-__ __ __	_____	_____	_____
ADD __ __ __-__ __ __-__ __ __	_____	_____	_____
ADD __ __ __-__ __ __-__ __ __	_____	_____	_____
ADD __ __ __-__ __ __-__ __ __	_____	_____	_____
DROP __ __-__ __ __-__ __ __	_____	_____	_____
DROP __ __-__ __ __-__ __ __	_____	_____	_____
DROP __ __-__ __ __-__ __ __	_____	_____	_____
DROP __ __-__ __ __-__ __ __	_____	_____	_____

TOTAL CREDITS BEFORE CHANGE _____
TOTAL CREDITS AFTER CHANGE _____

WITHDRAWAL   (FROM ALL CLASSES FOR THE SEMESTER) IN THIS SECTION.

W/D __ __ __-__ __ __-__ __ __	_____	_____
W/D __ __ __-__ __ __-__ __ __	_____	_____
W/D __ __ __-__ __ __-__ __ __	_____	_____
W/D __ __ __-__ __ __-__ __ __	_____	_____

– COUNSELING OFFICE USE –
Check box for follow-up:
Academic Affairs ❏
Business Services ❏
Student Services ❏

AFTER REVIEWING THE ABOVE COURSE SELECTION NUMBERS AND MY CURRICULUM, I UNDERSTAND THE IMPACT OF THIS SCHEDULE CHANGE. MY REASON FOR CHANGE/WITHDRAWAL: _____

_____

STUDENT'S SIGNATURE: _____   **DATE:** _____

ADVISOR/INSTRUCTOR'S SIGNATURE: _____   **DATE:** _____

FINANCIAL AID PERSONNEL SIGNATURE: _____   **DATE:** _____

RECORDS PERSONNEL SIGNATURE: _____

DATE RECEIVED & ENTERED _____   ❏ DROPPED WITHOUT A GRADE   ❏ DROPPED WITH A GRADE OF "W"