STUDENT SCHEDULE CHANGE FORM

(To be used for changes to a pre-existing schedule)

REGISTRATION

Print clearly and use ink (no pencil).

Royal ID	Name	Scranton Email Address @scranton.edu
College	Class Senior	Cell Phone #
Major	Term Fall Intersession Spring Summer	Year

Courses To ' U R S : L W K G U D Z						Courses To Add			
CRN	Subject	Number	Section	Last Date of Attendance (, Q V W U X F W R U	Instructor's Signature 0 X V W Required after 100% refund period) (Qu W)	CRN	Subject	Number	Section