

**Wilberforce University
Registrar's Office**

Schedule Adjustment Form

_____/_____/_____ _____/_____ Name: _____
 Student ID Number Semester Year Print Name Clearly

ADD-ADD-ADD-ADD- ADD-ADD-ADD-ADD- ADD-ADD-ADD-ADD- ADD-ADD-ADD-ADD- ADD-ADD

Course CRN	Course Prefix/Number/Section	Hours

DROP-DROP-DROP-DROP- DROP-DROP-DROP-DROP- DROP-DROP-DROP-DROP- DROP-DROP

Course CRN	Course Prefix/Number/Section	Hours

Athlete: Yes___ No___ If yes, signature of Faculty Athletic Representative is required.

Faculty Athletic Representative Signature _____ Date _____

Schedule adjustments are not officially recognized until Drop/Add form is submitted to the Registrar's Office. Add/Drop Form will not be processed without the signature of the academic advisor.

I verify the above information is correct and accept responsibility for understanding the university's policies (including deadline dates) pertaining to adding/dropping courses.

 Student's Signature Date

 Advisor's Signature Date