

SCHEDULE ADJUSTMENT FORM

Name _____ Student ID# _____

Contact Telephone _____ Degree Program _____

Quarter: Fall Winter Spring Summer Academic Year _____

Non-Matriculation Student Schedule Adjustment

Extenuating Circumstance Schedule Adjustment – Adding Course(s) (BEGINNING WEEK 2)

Instructions: This section is to be used for Non-Matriculation students OR for extenuating circumstances which require a schedule adjustment after registration has ended, beginning week 2. Forms submitted prior to week 2 will not be accepted unless the student is Non-Matriculation. This form is accepted for extenuating circumstances, requiring a course to be added/deleted to a student’s schedule, after the registration period has ended, and only with Dean’s explanation and signature, weeks 2 through 6 ONLY for 11-week courses. **Incomplete forms will not be processed.**

| New/Added/Deleted Courses | | |
|---------------------------|-----------------------|--------------|
| Course Title | Course Code & Section | Credit Hours |
| | | |
| | | |
| | | |
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Dean’s section only: Explanation for schedule adjustment (new/add only): *Please write legibly*

Dean Printed Name _____ Advisor Printed Name _____

Dean/Assistant/Associate Signature _____ Date _____

Advisor Signature _____ Date _____

Students Dropping Courses AFTER the Drop Period

Instructions: This section is to be used for DROPPING courses AFTER the drop period has ended. Dropping a course after the drop period will result in a grade of “WF” or “WNP.” For 11-week courses, the drop period ends **FRIDAY of WEEK 6**. For 1st 5-week courses, the drop period ends **FRIDAY of WEEK 3**. For 2nd 5-week courses, the drop period ends **TUESDAY of WEEK 9**.

| Dropped Courses (AFTER the Drop Period) | | |
|---|-----------------------|--------------|
| Course Title | Course Code & Section | Credit Hours |
| | | |
| | | |
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I authorize Life University to make changes to my course schedule as indicated above. I understand it is my responsibility to inform my instructors (as applicable) of these changes. I also understand my financial obligation (as applicable) as it relates to these changes.

Student Signature _____ Date _____

| | | |
|------------------------------|-----------------|------------|
| FOR OFFICIAL USE ONLY | | |
| Form Accepted by | Signature _____ | Date _____ |
| Print Name _____ | | |