

# SCHEDULE CHANGE FORM

**DROP OR ADD COURSES AFTER REGISTRATION**

*PLEASE PRINT LEGIBLY – YOU ARE MAKING 3 COPIES!*



# FIVE TOWNS COLLEGE

FALL 20 \_\_\_\_  
 SPRING 20 \_\_\_\_  
 SUMMER SESSION \_\_\_\_ 20 \_\_\_\_  
 J-TERM 20 \_\_\_\_

LAST NAME

FIRST NAME

FTC ID#

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COURSES TO BE DROPPED/WITHDRAWN *				
CRS DEPT. #	SECT	TITLE ABBREVIATION	CR	D/W
TO REMOVE <u>ALL</u> REGISTERED COURSES CHECK HERE				<input type="checkbox"/>

COURSES TO BE ADDED *						
CRS DEPT. #	SECT	TITLE	CR	DAY(S)	TIME(S)	AU

**\* Students are encouraged to see the Financial Aid and Business Offices before making any schedule changes.  
 Signing this form acknowledges responsibility as it relates to tuition and financial aid.**

STUDENT SIGNATURE

DATE

ADVISOR SIGNATURE

DATE

**\* Check the catalog and academic calendar for relevant registration dates and associated fees!**

YELLOW – BURSAR    WHITE – REGISTRAR    PINK – STUDENT/ADVISOR