Springfield College

School of Human Services

CHANGE OF SCHEDULE FORM
DROP/ADD
WITHDRAWAL

TERM (circle one):

SEP JAN MAY

YEAR: 20_____

SITE: _____

DATE: _____

ID Number: _____

Name: _____
Last First Middle

Check One: DROP ☐ WITHDRAWAL ☐

Course Prefix	Course Number	Section Number	Course Title	Instructor	Credit Hours

Total Credits Dropped : _____

ADD

Course Prefix	Course Number	Section Number	Course Title	Instructor	Credit Hours

Total Credits Added : _____

Reason for change:

Office Use Only (RE)

Credit Hours Before Transaction: _____

Credit Hours After Transaction: _____

Office Use Only (BU)

Charge: _____

Credit: _____

Signatures:

Advisor/Campus Director

Date

Student

Date

Campus Director (for withdrawal only)

Date

Please be aware that the changes to your schedule detailed in this form may impact your financial aid award. Consult your financial aid coordinator before making changes.

Copy to Registrar, Campus, & Student