

SCHEDULE CHANGE REQUEST

Return original, canary and pink copies to:

Records & Registration Office  
1272 Scott Hall  
540 East Canfield  
Detroit, Michigan 48201

**SECTION 1**

DATE SUBMITTED: \_\_\_\_\_ WSU ID # \_\_\_\_\_

STUDENT'S NAME: \_\_\_\_\_ CLASS OF \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ E-MAIL \_\_\_\_\_

**SECTION 2**

PENDING THE AVAILABILITY OF THE ELECTIVE REQUESTED, THIS STUDENT IS AUTHORIZED TO MAKE THE FOLLOWING SCHEDULE CHANGE:

**DROPPED:** ELECTIVE NUMBER: \_\_\_\_\_ PERIOD: \_\_\_\_\_

ELECTIVE TITLE: \_\_\_\_\_

**ADD:** ELECTIVE NUMBER: \_\_\_\_\_ PERIOD: \_\_\_\_\_

ELECTIVE TITLE: \_\_\_\_\_

2nd Choice: ELECTIVE NUMBER: \_\_\_\_\_

ELECTIVE TITLE: \_\_\_\_\_

3rd Choice: ELECTIVE NUMBER: \_\_\_\_\_

ELECTIVE TITLE: \_\_\_\_\_

4th Choice: ELECTIVE NUMBER: \_\_\_\_\_

ELECTIVE TITLE: \_\_\_\_\_

**SECTION 3**

REASON FOR PROGRAM CHANGE:

STUDENT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

AUTHORIZING OFFICER: \_\_\_\_\_ DATE: \_\_\_\_\_

STUDENT AFFAIRS

AUTHORIZING OFFICER: \_\_\_\_\_ DATE: \_\_\_\_\_

ACADEMIC AFFAIRS

**OFFICE USE ONLY**

CHANGE COMPLETED BY: \_\_\_\_\_ DATE \_\_\_\_\_