

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 _____