

Records & Registration Office
320 E. CANFIELD
SUITE 318
DETROIT, MI 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: 5 DIGIT COURSE #: _____ MONTH: _____

COURSE NAME: _____

LOCATION: _____

ADD: 5 DIGIT COURSE #: _____ MONTH: _____

COURSE NAME: _____ LOCATION: _____

2ND CHOICE: COURSE #: _____

COURSE NAME: _____ LOCATION: _____

3RD CHOICE: COURSE #: _____

COURSE NAME: _____ LOCATION: _____

4TH CHOICE: COURSE #: _____

COURSE NAME: _____ LOCATION: _____

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 _____