

Year: 20 _____



Semester:

- Fall
- Spring
- Summer

Official Change of Schedule Form

This form should be used to **add**, **drop**, **withdraw (W)**, **withdraw passing (WP)** or **withdraw failing (WF)** from a CollegeNow course. Visit the CollegeNow website at www.tc3.edu/CollegeNow to view deadlines for your program.

Social Security Number _____ High School _____

Name _____
Last First Middle

Address _____
Street/PO Box Phone

_____ City State/Zip County

E-Mail Address _____

Course(s) to be DROPPED or WITHDRAWN:

Course Name/No.	Office Use Code	School No.	Office Use Only	Course Title	Credits
<i>sample:</i> ENGL101	D	15		Academic Writing II	3
	D				
	D				
	D				
Total Credits					

Course(s) to be ADDED:

Course Name/No.	Office Use Code	School No.	Office Use Only	Course Title	Credits
<i>sample:</i> ENGL101	D	15		Academic Writing II	3
	D				
	D				
	D				
Total Credits					

Student's Signature: _____

Date: _____

High School Instructor Signature: _____

Date: _____

High School Advisor/Mentor Signature: _____

Date: _____

TC3 Academic Dean's Signature: _____

Date: _____