

# Course Change Form

Semester: Fall \_\_\_\_\_ Spring \_\_\_\_\_ Summer \_\_\_\_\_

**Instructions for Students:** Please complete the request, save an electronic copy for your records; forward the completed request as an email attachment (PDF file) to your advisor. Once your request is approved your request will be forwarded to the Registrar's Office for processing. Please note that by submitting this request you are agreeing to the terms and conditions in this request and any related policies and/or procedures in the current Academic Catalog.

Name: \_\_\_\_\_

Student's Approval \_\_\_\_\_ Date: \_\_\_\_\_



## Drop

Course ID	Code	Title	Days	Time	√ if applicable	
					Audit	Repeat

## Add

Course ID	Code	Title	Days	Time	Audit	Repeat

### Instructions for Advisors:

1. Please note your approval/denial of a request in the space provided on this form.
2. Print to Adobe PDF or PDF Creator.
3. Email the Approved form to registrar@fc.edu for processing

Advisor Approval: \_\_\_\_\_ Date: \_\_\_\_\_