

OFFICE OF ACADEMIC RECORDS AND REGISTRAR COURSE SCHEDULE CHANGE FORM

Student's Name	First						Student's USC ID Number			
	SEMESTER REQUESTED: Fall 2015				Spring 2016	Summer 2016				
CLASSES TO BE ADDED										
COURSE PREFIX	COURSE NUMBER	UNITS	CLASS NUMBER	TIME		DAYS	INSTRUCTOR SIGNATURE: Students must obtain approval from the instructor before adding any class after the 1st week.			
Example: ARCH	106X	4	11111	10		MWF	PLEASE NOTE: If a course is closed or requires D clearance, instructor signature and department stamp are required on this form. X			
							Х			
							XX			
CLASSES TO BE DROPP	PED						X			
COURSE PREFIX	COURSE NUMBER	UNITS	CLASS NUMBER	TIME		DAYS	"I have consulted with my Academic Advisor as necessary, and, after considering the			
							advice, have decided to make the changes on this document to my course schedule."			
							STUDENT'S SIGNATURE			
							DAIL			
CLASSES TO AUDIT OR	TAKE FOR PASS/NO PA	ASS								
COLIRSE PREETY	COLIRSE NUMBER	IINITS	CLASS NUMBER	TIME	DAVS	GRADE OPTION (LETTER	GDADE DASS/NO DASS AUDIT)			

COURSE PREFIX	COURSE NUMBER	UNITS	CLASS NUMBER	TIME	DAYS	GRADE OPTION (LETTER GRADE, PASS/NO PASS, AUDIT)