



CHANGE OF SCHEDULE FORM

Fall 20 _____ Spring 20 _____ Summer 20 _____ Online Session _____

Full name _____ Student ID# _____

Phone _____ Email _____@students.ndc.edu

Are you a Student-Athlete? (Select one): No **If yes, specify sport:** _____
Student-Athletes who will drop below full-time (12 credits) with a schedule change **MUST FIRST** obtain signature approval from the Athletic Compliance Officer: _____

Do you receive VA benefits? (Select one): No Yes
Veteran Beneficiaries **MUST** notify the certifying official of your change in schedule. Dropped courses may affect benefit level.

If semester hours exceed 19, Overload Approval is required from the Office of Academic Affairs.
 Total Max Hours Approved _____ OAA Signature _____

COURSE INFORMATION

Add	Drop	Dept	Number	Section	Course Title	Credits

Advisor Signature: _____

Students with financial aid dropping below full-time status **MUST** check with the Financial Aid Office to determine if dropping below full-time will have any effect on financial aid.

By signing this form, you have read and agreed to the policies above:

Student Signature **Date**

For Office Use Only

Processed by: _____

Processed on: _____

Rev.10/2019