

VIRGINIA STATE UNIVERSITY  
Office of the Registrar • P. O. Box 9217 • Petersburg, Virginia 23806  
**SCHEDULE ADJUSTMENT REQUEST**

NAME \_\_\_\_\_ (Student ID Number) \_\_\_\_\_

\_\_\_\_\_ MAJ \_\_\_\_\_ LOCAL TEL \_\_\_\_\_ SEM \_\_\_\_\_ YR \_\_\_\_\_  
(Student Signature)

**ADD**  
Course Code \_\_\_\_\_  
Title & No. \_\_\_\_\_

**DROP**  
Course Code \_\_\_\_\_  
Title & No. \_\_\_\_\_

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Title & No. \_\_\_\_\_

**DROP**  
Course Code \_\_\_\_\_  
Title & No. \_\_\_\_\_

Faculty Advisor's Signature \_\_\_\_\_ Date \_\_\_\_\_

7/2005

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