

OFFICE OF THE REGISTRAR

P.O. Box 9217 Gandy Hall Virginia State University, Virginia 23806 804-524-5275

SCHEDULE ADJUSTMENT REQUEST FORM

		Number)
	(V-Number)	
TTUDENT SIGNATURE	MAJOR TELE	PHONE#
TUDENT SIGNATURE		
ADD CRN#	ADD	
'RN#	CRN#	
itle & No.	Title & No.	
ADD CRN#	ADD CRN#	
KIN#	CRN#	
itle & No.	Title & No	
ADVISOR'S PRINT NAME	SIGNATURE	DATE
<u>PROP</u>	<u>DROP</u>	
PRN#	CRN#	
itle & No.	Title & No.	
DROP CRN#	<u>DROP</u> CRN#	
Title & No.	Title & No.	
DVISOR'S PRINT NAME	SIGNATURE	DATE
THIS PORTION IS USED ONLY		E HAS PASSED
<u>VITHDRAW</u> RN#	<u>WITHDRAW</u> CRN#	
RN#	CRN#	
TRN#	CRN# Title & No.	
itle & No	CRN# Title & No. WITHDRAW	
TRN# Title & No. WITHDRAW	CRN# Title & No. WITHDRAW CRN#	