

SCHEDULE CHANGE FORM

WASHBURN UNIVERSITY SCHOOL OF LAW

_____ Fall, _____ Spring, _____ Summer, 20 _____

Last Name _____ First Name _____ M.I. _____ WIN _____

Street Address _____ City _____ State _____ Phone _____

Dept.	Crse #	Sect	CRN	Course Title	Sem. Hrs.	Grade/Audit	Time	Days of week	Instructor's Signature or Dean's Signature
DROP*									

*Dropping below full-time enrollment status may adversely affect your eligibility for scholarships and for certain private insurances. Dropping below 6 hours will adversely affect your eligibility for Federal Financial Aid. Please contact the Financial Aid Office in Morgan 267 for specific information.

ADD									

IMPORTANT NOTES

1. See class schedule for deadlines/procedures for dropping or adding a class.
2. Any time a class is added or dropped, there are financial obligations to the University. This form must be taken to the Dean's Office, LAW 204 for additional processing.
3. Update your personal information on the web by logging into **MyWashburn** and under the **Student Tab**, select "**Update Your Address Information.**"

TOAL HOURS AFTER CHANGE _____

REQUIRED SIGNATURES

DATE STUDENT

DATE STUDENT RECORDS ADMINISTRATOR