CONCORDIA UNIVERSITY SCHEDULE CHANGE

_____	F 0 0 __ __ __ __ __ __	_____	
Semester-Year	ID Number	Last Name	First Name

COURSE(S) ADDED

CRN Number	Subj.	Crse.	Course Title	Credits
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

COURSE(S) DROPPED

CRN Number	Subj.	Crse.	Course Title	Credits
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

TOTAL CREDITS: Before Change_____ After Change_____

_____	_____	_____
Date	Student Signature	Instructor Signature* (*If needed.)

Please return completed form to Registrar's Office.