



SCHEDULE CHANGE CARD

Date: _____

Session: _____

Name: _____

ISU ID: _____

 Last First

Course to be added

Course to be Dropped/Withdrawn (see class schedule for deadlines)

Department _____

Course No. _____

Index No. _____ Credit hrs. _____

Credit Audit Pass-No Pass

Instructor Sig. _____

Department Stamp _____

Department _____

Course No. _____

Index No. _____ Credit hrs. _____

If you are dropping/withdrawing from ALL courses, do not use this form. Please use a Complete Withdrawal Form.

Office Completed By/Date:

Student Sign. _____