Schedule Adjustment Form

Adjusting your course schedule may affect your **financial aid status**. Please see the Enrollment Services Office for more information.

This form *will not* be accepted by the Office of Enrollment Services or the Bursar's Office, for the purpose of adding a course, if dated after the end of the scheduled first week of the session.

*** An instructor may sign prerequisite override if "permission of instructor" is indicated in the course description section of College Catalog.**

STUDENT ID NUMBER | | | | | | | | |

STUDENT'S NAME (Last, First, Middle) | | | | | | | | | | | | | | | | | | | | | | | |

Term: | | | **SPRING** ☐ **SUMMER I** ☐ **SUMMER II** ☐ **FALL** ☐

Year

					SIGNATURES ARE VALID FOR 3 BUSINESS DAYS			
CRN #	SUBJECT CODE	COURSE NUMBER	SECTION NUMBER	COURSE TITLE	Capacity Override Instructor's or Chair's Signature Required	Date M / D / Y	* Prerequisite Override Chair's Signature Required	Date M / D / Y
						/ /		/ /
						/ /		/ /
						/ /		/ /
						/ /		/ /
						/ /		/ /

*****IMPORTANT *****

YOU MUST BRING THIS FORM, SIGNED, AND DATED, TO THE OFFICE OF ENROLLMENT SERVICES WITHIN THREE (3) BUSINESS DAYS. Remit Payment in full to the Bursar's Office in accordance with the posted payment calendar. Failure to remit payment will result in course(s) being dropped from your schedule.

I have read and understand the above statement.

Student's Signature: _____ **Date:** _____

ENROLLMENT SERVICES

Initials: _____

Date: _____

FOR BURSAR USE ONLY

☐ **PERSONAL CHECK**

☐ **MONEY ORDER**

☐ **CASH**

☐ **CREDIT CARD**

☐ **OTHER**

PAID $ _____

Students are responsible for checking their CCRI schedule online to confirm adjustment action.

Revised: 11/22/2011

Enrollment Services Copy