



**CANCEL/ ADD FORM
CLASS SCHEDULE**

Date: _____ Semester: _____ Term: _____

Student Name: _____

FNU ID: _____ Program: _____

Cancel Classes

DAY EVE DL

M / W	T / TH	Distance Learning

New Classes

DAY EVE DL

M / W	T / TH	Distance Learning

Comments: _____

Student's Signature

Division / Department Head or Academic Advisor

Registrar's Office

For funding only in case of extra credit or changes in load:

VP of Academics

Financial Aid Officer