

Schedule Changes

Semester _____

Student's COM ID Number (7 digits) _____

Last Name _____ First Name _____ MI _____

Courses to Drop

Synonym	Course Abbreviation	Course #	Section #

Courses to Add

Synonym	Course Abbreviation	Course #	Section #

Requested by: Student Instructor Administration

Student Signature Date

College Official's Signature Date

Counselor's Signature Date

High School Campus

INSTRUCTIONS:

Complete all highlighted areas including student signature and counselor signature.

If dropping a course(s) only, scan and email form to your college connections advisor and dualcredit@com.edu.

If adding a course, the student must bring the form to the Dual Credit Office during office hours with a completed Dual Credit/Concurrent Enrollment Endorsement form. Instructor's permission may be required to register for the course. Under no circumstances will a student be allowed to add a class after the official College Census Date.

FOR COM OFFICE USE ONLY:

Date Received: _____ STATUS: _____ Accepted _____ Incomplete _____

Date Entered: _____ By: _____ CC to DC Office: _____

Comments: