ALBRIGHT COLLEGE **SCHEDULE CHANGE** DATE OF REQUEST_____

Student Name _____ **Area of Concentration** _____

ClassYear _____

Check one		Department	Course Number	Section Letter	Time-Days (Ex.: 8 MWF)	Approval Initials	
Drop	Add					Advisor	Instructor

Withdrawing from a course may affect the following:

- Your eligibility for Financial Aid
- Your eligibility to participate in athletics and student activities
- Your ability to graduate on schedule

Student Signature _____