

**Troy State University System  
University College**

Meth. of Pymt. \_\_\_\_\_  
Campus \_\_\_\_\_  
Term \_\_\_\_\_

Please use ball point pen.  
Press firmly.

**STUDENT SCHEDULE CHANGE PERMIT  
(DROP/ADD/WITHDRAWAL)**

Graduate   
Undergraduate

LAST NAME	FIRST NAME	MIDDLE OR MAIDEN NAME
SSN	ACADEMIC MAJOR	DATE 19__
Student ID # _____		

**DROP**

Dept.	No.	Course	Course Title	Hours	Day & Time	Instructor	Last Day Attended	Office Use Only

**ADD**

Dept.	No.	Course	Days	Course Title	Hours	Instructor's Signature	Office Use Only

**WITHDRAWAL**

Dept.	No.	Course	Days	Course Title	Last Date Attended	Hours	Instructor's Signature	Office Use Only

Reason for Withdrawal or Drop: \_\_\_\_\_

\_\_\_\_\_  
Student's Signature                      Advisor's Approval                      Ch. Academic Officer's Approval

Hours Charged \_\_\_\_\_ yes \_\_\_\_\_ no                      Date Completed                      University Records

This change becomes effective only after filing in the Records Office.

**Business Office Use Only**

Fee paid: \_\_\_\_\_  
Cashier              Date

Distribution:  
White - University Records  
Yellow - Regional File  
Pink - Field File  
Gold - VA