

CONCURRENT SCHEDULE CHANGE REQUEST

This form is to be used when making schedule changes prior to the start of the semester. Changes to a schedule will only be made once this form is signed by all required parties and returned to the concurrent advisor/coordinator.

Enrollment Period: Fall Spring Intersession Summer I Summer II Year: _____

Student Name: _____
(Last Name) (First Name)

Student I.D. No.: _____ **High School Attending:** _____

Signature: _____ **Date:** _____
(Student)

Add	Drop	Line No.	Course No.	Course Title	Instructor
<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/>	<input type="checkbox"/>				

1. Signature: _____ **Date:** _____
(Counselor/School Official)

Counselor/School Official: If the requested schedule change exceeds the number of authorized credit hours on the student's Permit to Register Form, please update the approved number of hours below:

- 3 credit hours (i.e. one course)
- 4 credit hours (i.e. one science course)
- 6-7 credit hours (i.e. two courses)
- 9 credit hours (i.e. three courses)
- 10 or more credit hours (i.e. full-time concurrent students--It is recommended that you do not take any classes on the high school campus except for extracurricular activities.)
- Other:** _____
(credit hours)

2. Signature: _____ **Date:** _____
(Parent/Guardian)

3. Signature: _____ **Date:** _____
(Concurrent Coordinator/Advisor)

OFFICE USE ONLY

ADMINISTRATIVE CHANGES
Approved: Yes No

Changed by: _____ **Date:** _____



ACADEMIC SERVICES

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