# Schedule Change (Drop/Add) Form

MARIAN UNIVERSITY
Indianapolis

**Indicate semester and year:**

□ Fall □ Spring □ Summer Year_____

Please print clearly:

_____ _____

Last Name First Name M.I. Student ID#

## Drop:

| | Dept Prefix | Course # | Sec | Cred Hrs | Course Title | Days | Instructor Signature (required beginning 1st day of semester) |
|---|---|---|---|---|---|---|---|
| 1 | | | | | | | |
| 2 | | | | | | | |
| 3 | | | | | | | |
| 4 | | | | | | | |
| 5 | | | | | | | |

## Add:

| | Dept Prefix | Course # | Sec | Cred Hrs | Course Title | Days | Instructor Signature/ Authorized Override (required beginning 1st day of semester) | P, E, T Code * |
|---|---|---|---|---|---|---|---|---|
| 1 | | | | | | | | |
| 2 | | | | | | | | |
| 3 | | | | | | | | |
| 4 | | | | | | | | |
| 5 | | | | | | | | |

*__Approval Codes__ (P, E, T): **P** - waive **prerequisite** requirement; **E** - approval to **enroll**/override enrollment limit; **T - time** conflict is okay

**Courses requiring approval codes must be added in person at the Office of the Registrar.**

**There is a fee for course changes after the close of late registration.**

**Total Hours before Change:**

**Total Hours after Change:**

**If hours total 19 or more, approval by the Dean of Academic Affairs is required (see back of form for details). Students on academic probation are limited to 16 hrs; approval by the Dean of Academic Affairs is required to register for more than 16 hrs.**

**Pass/Fail and Audit Options:** Restrictions on the pass/fail option and audit option are detailed in the Course Catalog. To change a course from graded to pass/fail, enter "G" in the credit hour column in the drop section and enter "P/FL" in the credit hour column under the add section. To change a course to audit, enter "AU" in the credit hour column. **If taking a course pass/fail or by audit, you must bring this form to the Office of the Registrar for in-person processing.**

## Student Acknowledgement

I understand this planning form does not guarantee me a seat in the above classes. I must make changes through my CAMS student portal before 4pm on the Friday immediately prior to the 1st day of the semester. On or after the 1st day of the semester, I must obtain the signatures of all instructors, my advisor, and bring this form to the Office of the Registrar for processing by the published deadline.

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**Student Signature** **Date**

## Advisor Use Only

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Advisor Signature Date

_____

Printed Advisor Name

Comments: _____

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