

FLORIDA SOUTHERN COLLEGE  
**SCHEDULE ADJUSTMENT FORM**

Student's Name \_\_\_\_\_ Student ID # \_\_\_\_\_

Date \_\_\_\_\_ Major \_\_\_\_\_ FR \_\_\_\_\_ SO \_\_\_\_\_ JR \_\_\_\_\_ SR \_\_\_\_\_

Resident \_\_\_\_\_ Commuter \_\_\_\_\_ Graduating SR Fall \_\_\_\_\_ Graduating SR Spring \_\_\_\_\_

**DROP**

Dept. Name and Number	Section	Course Title	Time	Credit	Instructor

**ADD**

Dept. Name and Number	Section	Course Title	Time	Credit	Instructor

**NOTES:**

---



---



---



---

If you are a new FSC student, an advisor's signature is required in the space below. Thank you!

Advisor's Signature: \_\_\_\_\_

**FOR OFFICE USE ONLY**

Entered Computer \_\_\_\_/\_\_\_\_/\_\_\_\_ Initials \_\_\_\_\_