Occidental College

SCHEDULE ADJUSTMENT FORM

Office of the Registrar

			_ Semester of change:	
Last Name	First Name	Student ID	g The state of the	

LATE ADD FEE: \$30 increase per week per courfsor forms received after the add dealighe.

It is the student's responsibility to obtain all required signatures and submit the fdirectly to the Registrar's Office.

Courses to be ADDED			DED		Check all that apply:
CRN	Dept/Number Se	ection #	#Units	Course Title	
CRN	Dept/Number Se	ection #	#Units	Course Title	
CRN	Dept/Number Se	ection #	#Units	Course Title	

Courses to be DROPPED (