



CHANGE OF SCHEDULE FORM  
**Course Add/Drop/Withdrawal Form**  
**Springfield College – School of Human Services**

Office of the Registrar  
263 Alden Street  
Springfield, MA 01109-3797

TERM: _____ YEAR: _____
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Student Name: \_\_\_\_\_ ID: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Div: UG / GR

**Course(s) to be ADDED** (Students may add a course only if done within the designated add period.)

	Course Code/Number	Sec	Credit Hours	Course Title	Instructor	Last Date of Attendance
1						
2						
3						
4						
5						

**Total Credits ADDED:** \_\_\_\_\_ **Reason:** \_\_\_\_\_

**Course(s) to be DROPPED** (Students may drop a course and remove it from their record, only if done within the designated drop period.)

	Course Code/Number	Sec	Credit Hours	Course Title	Instructor	Last Date of Attendance
1						
2						
3						
4						
5						

**Total Credits DROPPED:** \_\_\_\_\_ **Reason:** \_\_\_\_\_

**Course(s) to be WITHDRAWN** (Students may withdraw from a course with a grade of 'W' after the designated drop period.)

	Course Code/Number	Sec	Credit Hours	Course Title	Instructor	Last Date of Attendance
1						
2						
3						
4						
5						

**Total Credits WITHDRAWN:** \_\_\_\_\_ **Reason:** \_\_\_\_\_

Advisor Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Campus Director Signature: \_\_\_\_\_

Date: \_\_\_\_\_

SHS Central Signature: \_\_\_\_\_

Date: \_\_\_\_\_

(required for course withdrawals after the drop period)

<b><u>Registrar's Office Use Only</u></b>	<b><u>Bursar's Office Use Only</u></b>
Credit Hours Before Transaction: _____	Charge: _____
Credit Hours After Transaction: _____	Credit: _____

<b><u>Registrar's Office Use Only</u></b>
Processed By: _____
Date: _____