

Schedule Change and Special Circumstances Form



HOLY NAMES
UNIVERSITY
Since 1868

Last Name: _____ First Name: _____ Student ID:

Student Signature: _____ Date: _____

Additional information and instructions for each section can be found in the Student Resource Center or online at <https://www.hnu.edu/student-life/student-resource-center/forms>. Make sure the appropriate section(s) is/are completed. If there is any missing or incorrect information on this form it will be returned to the student. Please contact our office if you have any questions.

Please indicate if you are the following: VA Student Student Athlete (Advisor & NCAA compliance approval required below)

SIGNATURES REQUIRED FOR ATHLETES: Advisor _____ Date _____ NCAA Compliance Rep _____ Date _____

Section I

ADD CLASSES									
DEPT	Class Number	Class Section	Title	Class Units	Year	Term	Wait List	Class Transferred/Prerequisite Taken/ Other Details (When Relevant)	Instructor/Advisor Signature (If needed)

Section II

DROP OR GRADE STATUS CHANGE									
DEPT	Class Number	Class Section	Title	Class Units	Year	Term	Grade Type Change Only (CR/LG/AU)		Instructor's Signature for Grade Status Change Only
							Current	Change To	

Section III

** WITHDRAWAL			** Note: The Withdrawal Fee is \$10 per class				
DEPT	Class Number	Class Section	Title	Class Units	Year	Term	Last Date Attended Class

Office Use Only – (Initial and Date)

SRC: _____ Date Received: _____ Student Accounts: _____