



A TECHNICAL COLLEGE

3427 North Main Avenue
Scranton, PA 18508-1495

REGISTRAR'S OFFICE CHANGE OF SCHEDULE FORM

NAME: _____

_____ Freshmen _____ Sophomore Program: _____

COURSE DROPPED

COURSE #/SECTION	COURSE TITLE	CREDITS
_____	_____	_____

Faculty Signature: _____ DATE: _____

COURSE ADDED

COURSE #/SECTION	COURSE TITLE	CREDITS
_____	_____	_____

Faculty Signature: _____ DATE: _____

Student Signature

Date

Registrar

Date