



# CHANGE OF SCHEDULE FORM

Office of the Registrar  
 1100 North Avenue  
 Grand Junction, CO 81501-3122  
 (970) 248-1555 Fax (970) 248-1131  
 1-800-982-MESA

THIS FORM IS **NOT** TO BE USED FOR A TOTAL WITHDRAWAL FROM SCHOOL

Name: \_\_\_\_\_ MSC ID #: \_\_\_\_\_  
LAST (PLEASE PRINT) FIRST MI

**ADD** By completing the section below and obtaining the instructor's signature, students may add a course from the first day of classes through the published deadlines. (See the current Course Schedule.)

GRN Number	Dept.	Number	Section	Course Title	Credit Hours	Instructor's Signature/Date

Student initials: \_\_\_\_\_ I understand there is a time conflict with my classes. I have made arrangements with my instructors for attendance and testing.

## DROP OR WITHDRAWAL

**DROP:** By completing the section below and obtaining the instructor's signature, students may drop a course from the first day of classes through the published deadlines. (See the current Course Schedule.) The course will not appear on the student's transcript.

**WITHDRAWAL WITH A "W":** Students may withdraw from a course with the instructor's signature following the last day to drop to the midpoint of the class. (See the current Course Schedule for published deadlines.) The course will appear on the student's transcript with a grade of "W".

**WITHDRAWAL WITH AN "F":** All students withdrawing after the midpoint of the class (see the current Course Schedule for published deadlines) will receive an automatic "F" except for cases with documented extenuating, non-academic reasons.

**INSTRUCTOR DROP/WITHDRAWAL:** An instructor may initiate a withdrawal from his or her class for failure to attend class, failure to turn in assignments over an extended period of time, or for disciplinary reasons. In such cases, the instructor must observe regular withdrawal deadlines, i.e., drop or withdrawal. *\*INSTRUCTORS PLEASE NOTE: When submitting an INSTRUCTOR DROP/WITHDRAWAL you must complete this form AND PERSONALLY SUBMIT it to the Office of the Registrar before the published deadline.*

GRN Number	Dept.	Number	Section	Course Title	Credit Hours	Instructor's Signature/Date

I approve the above changes in my schedule and I understand that these changes may affect my tuition and/or my FINANCIAL AID eligibility.

\_\_\_\_\_  
 Student Signature \_\_\_\_\_  
 Date

Received by \_\_\_\_\_