

Change of Schedule

Registration & Transcripts · Administration Building, Room 210 · PO BOX 210066 · Tucson, AZ 85721-0066



<https://www.registrar.arizona.edu/>

Please use black or blue ink, **NO PENCIL.**

Contact information:
REG-reghelp@email.arizona.edu
(520) 621-3113

Student ID Number _____ Net ID _____ Semester (Term) _____

Last Name _____ First Name _____ MI _____

Form instructions available at
<https://www.registrar.arizona.edu/courses/using-change-schedule-dropadd-form>

COURSE SUBJECT	COURSE NUMBER	SECTION AND (5-digit) CLASS NUMBER	UNITS	ADD	DROP	PASS/ FAIL	AUDIT	GRADE of E or W For Graduate and Professional Students Only	INSTRUCTOR'S SIGNATURE	DATE Valid for 5 days from this date
PSY	290A	002 - 44209	3	X					Dr. Wilma Wildcat	Required Field

*See your College Dean for approval of enrollment over maximum unit load of 19 units for Undergraduates and 18 units for Law students.

I certify that I am responsible for any changes to my schedule and that I will verify the changes on UAccess Student Center.

X _____
Student's Signature _____ Date _____

*For Late Registration Only** (see Dates and Deadlines for current semester at <http://registrar.arizona.edu/schedules/dates.htm>)

X _____
Dean's Signature _____ Date _____

REGISTRAR Use Only

Units: _____ to _____

Processed By: _____ Date: _____

Comments:

Academic Department Comments:

- Department Approved Section Change - student in wrong level
- Department Approved Section Change - department error

Explain _____

Dept. Approver Print Name _____ Dept. Approver Signature _____ Date _____