## Ohio Wesleyan University Change-of-Schedule Form

This form will not be processed unless all required signatures have been obtained. Return the completed form to the Registrar's Office which is located in University Hall 007.



Last Name:	FIISU:	NI.1.:	OWO ID#	
Semester for which change is requeste	d: □ FALL □ SPRING	☐ SUMMER / Year: 20_		
Your Current Class Standing: □SR	□JR □SO □FR			
ADDING COURSES:				
**1st module courses are coded A-D a	and start the first day of classes	. 2 <sup>nd</sup> module courses are o	coded M-P and start mid-seme	ster.**
Course Code	Course Title	Schedule	Instructor's Signature	Date
(Sample - ACCT 217/Class/1)		Day(s) / Time		
/ /				
/ /				
/ /				
/ /				
/ /				
/ /				
DROPPING/WITHDRAWING FRO	OM COURSES:			
Course Code	Course Title	Schedule	Instructor's Signature	Date
(Sample - ACCT 217/Class/1)		Day(s) / Time		
/ /				
/ /				
/ /				
/ /				
/ /				
СНА	NGE-OF-SCHEDULE: PRO	CEDURES AND DEAD	LINES	
• Classes may be added or dropped, an semester or half-semester module.	d credit/no entry may be select	ed, through the Tuesday of	of the second week of classes of	of any
• Use this form to make schedule chan classes. Prior to this, please make all se Apprenticeships. Use this form to add	chedule changes online with the			
• After the drop deadline, students may Students may withdraw from modular				r.
• Please check your schedule on your time student you must be enrolled in a				e a full-
Student Signature:		Advisor Signature:		
Date:		Date:		