



Office of the Registrar
 2300 Adams Avenue
 Scranton, PA 18509
 Phone: (570) 348-6280
 Fax: (570) 961-4758
 E-mail: registrar@maryu.marywood.edu
 Website: www.marywood.edu

CHANGE OF STUDENT SCHEDULE

Policy Regarding Changes in Student Schedules:

- The student is responsible for accurately listing courses for withdrawal or addition on this form.
- The student is responsible for delivery of this form to the Office of the Registrar, Liberal Arts Center 90, along with the \$10.00 change of schedule fee.
- A receipt will be provided for payments made in cash.
- **The effective date for all changes is the date this form is presented to the Office of the Registrar.**

Student and Session/Semester Information

 Last Name First Name Initial

 Student Identification Number () Phone Number () Mobile Phone Number

Fall Semester **Spring Semester** **May Term** **Summer Session I** **Summer Session II**

Course Information

WITHDRAWAL FROM COURSE(S)			
Department	Catalog Number	Section	Course Title

Student Signature: _____ Date: _____

Advisor Signature: _____ Date: _____

ADDITION OF COURSE(S)			
Department	Catalog Number	Section	Course Title

Student Signature: _____ Date: _____

Advisor Signature: _____ Date: _____

FOR OFFICE USE ONLY

Change of Schedule Fee: _____ | Check # (if applicable): _____