SCHEDULE ADJUSTMENT FORM **KEENE STATE COLLEGE**

PLEASE PRINT FIRMLY

STUDENT NAME & LOCAL OR CAMPUS ADDRESS	
PHONE#	

STUDENT ID#	

SEMESTER BEING ADJUSTED: _____

ACTION CODES:	R - REGISTER	A - ADD	D - DROP	ACTION CODES MAY BE COMBINED ON FORM
	AU – AUDIT	W - WITHDRAWAL		

ACTION CODE	SUBJECT	COURSE NO.	SEC/LAB NO.	COURSE TITLE	INSTRUCTOR SIGNATURE	DATE

STUDENT SIGNATURE DATE

REGISTRAR'S OFFICE DATE

PLEASE NOTE:

STUDENTS *assume all responsibility for changes they make to their course schedule. Less than full-time status (12 credits) may impact eligibility for financial aid, health insurance, housing, athletics, veterans' benefits, etc., as well as time to graduation.*
INSTRUCTOR'S *signature authorizes enrollment.*

RETURN COMPLETED FORM TO THE REGISTRAR'S OFFICE