



SCHEDULE ADJUSTMENT FORM

KEENE STATE COLLEGE

STUDENT NAME	
PHONE #	

STUDENT ID #	
SEMESTER BEING ADJUSTED	

ACTION CODES	A – ADD	D - DROP	AU - AUDIT	W – Withdrawal*
*D can only be used before the add/drop deadline of a term, after the add/drop deadline, please use W.				

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

PLEASE NOTE: The printed form must be signed by yourself and your Instructor. All forms must be submitted in person to the Registrar's Office during regular business hours.

		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, veteran' benefits, etc., as well as time to graduation. INSTRUCTOR'S signature authorized enrollment.
STUDENT SIGNATURE	DATE	
REGISTRAR'S OFFICE SIGNATURE	DATE	