

CU-Denver *Schedule Adjustment* Form

Please read the instructions on the reverse before completing this form. Type or print using black or blue ink.

 Last Name First Name M.I. Student Number Term/Year

I have read the schedule and understand that I am academically and financially responsible for the course(s) I request, regardless of my attendance or final grade. I am responsible for knowing schedule adjustment deadlines as published in the Schedule of Courses for this term.

 Student Signature Date School/College Major

Action: A = Add; D = Drop; TC = Time Conflict; OV = Overload; WL = Waitlist; P/F = Pass/Fail; NC = No Credit

Action	Subject and Course Number	Section	Hours	Faculty Signature and Date*	Dean/Advising Office Signature and Date*

*Please consult the Schedule of Courses for required signatures and deadline dates.

Request for Withdrawal

I request permission to be withdrawn (dropped) from all classes for the _____ term. I acknowledge responsibility for any tuition and fees.

 Student's Signature Date Dean's Signature Date Financial Aid Office Signature Date

Form must be complete before submitting to the Records Office. The date the form is received in the Records Office (located in the North Classroom 1003) is the effective date of the action requested.

Office Use Only

Date Processed on SIS: _____

Records Clerk: _____