To complete paper form:

1. Student prints this form
2. Student completes top section, CRN, and Course Code portions.
3. Student takes form to instructor(s) for signatures (and Dean, if required).
4. Student returns completed form to Registrar's Office in person or scans and emails to registrar@highlands.edu

To complete digital form:

1. Student fills in top section, CRN and Course Code portions
2. Student saves form and emails to instructor(s) for approval (and Dean, if required).
3. Each instructor/Dean responds to student via email with approval.
4. Once all approvals are gathered, student attaches the completed form and all approvals in ONE email and sends to registrar@highlands.edu

GEORGIA HIGHLANDS COLLEGE REQUEST TO CHANGE SCHEDULE AFTER DROP/ADD

The deadline to submit this form for each part of term (full term, 8-week) is on the Academic Calendar. Students will be notified at their GHC email address if the form was approved and processed or denied once all required offices complete their review.

TERM:_____ **DATE:** _____

NAME: _____ **ID#:** _____

REASON FOR REQUEST: _____

DO YOU RECEIVE FINANCIAL AID? ***(CHECK ONE)*** **YES** ◯ **NO** ◯

COURSES TO ADD: Courses previously attending to be reinstated.

CRN#	Course Code	Instructor Signature & Date *(email approval is acceptable as signature; must be sent with the completed form)*

COURSES TO SWAP: Course previously attending to be swapped with another section of same course.

	CRN#	Course Code	Instructor Signature & Date	Academic Dean Signature & Date
ADD 1				
DROP 1			**Not required**	**Not required**
ADD 2				
DROP 2			**Not required**	**Not required**
ADD 3				
DROP 3			**Not required**	**Not required**

**********REGISTRAR OFFICE USE ONLY**********

REGISTRAR SIGNATURE: _____ **DATE:** _____

Revised 10/25/2023