

MACON STATE COLLEGE

CHANGE OF SCHEDULE

NAME _____
LAST FIRST MIDDLE INT.

Circle Action(s) To Be Taken

ADD • DROP • WITHDRAWAL

SOCIAL SECURITY NUMBER _____

ARE YOU RECEIVING FINANCIAL AID? YES NO ARE YOU RECEIVING V. A. EDUCATION BENEFITS? YES NO

ARE YOU DROPPING ALL OF YOUR CLASSES AND WITHDRAWING FROM THE COLLEGE FOR THE TERM? YES NO

ADD						
CRN	Subject	Course No.	Sec. No.	Credit Hours	Beg. Time	Days

DROP / WITHDRAWAL						
CRN	Subject	Course No.	Sec. No.	Credit Hours	Beg. Time	Days

Processed by Office of the Registrar _____
initials date

Student's Signature _____ Date _____

Distribution: White-Registrar, Yellow-Business Office, Pink-Student

Registrar's Signature _____ Date _____

IMPORTANT: If this form is submitted by fax, the Registrar's Office cannot assume responsibility for the document being received and processed. Students should always check Banner Web or call the Registrar's Office (471-2853) to insure the withdrawal has been processed.