



Claflin University

Office of Records and Registration

Class Schedule Changes

Semester/Term: Fall _____ Spring _____ Summer _____ Year _____

Student ID Number: _____

Date: _____

Student Name (Print): _____

Last Name

First Name

Middle

Add

Time	Course Prefix	Course Number	Course Section	Title	Semester Hours	Days	Instructor

Drop

Time	Course Prefix	Course Number	Course Section	Title	Semester Hours	Days	Instructor

Instructor's Signature

Date

Total Hours Registered _____

Advisor's Signature

Date