# UNIVERSITY OF FORT LAUDERDALE
## Schedule Change Form

**Student's Name:** _____   **Student ID#:** _____

**Date of Change:** _____   **Semester:** _____

### DROP

| Course # | Course Title | Credit | Day/Time | Instructor's Signature |
|---|---|---|---|---|
| | | | | |
| | | | | |

### ADD

| Course # | Course Title | Credit | Day/Time | Instructor's Signature |
|---|---|---|---|---|
| | | | | |
| | | | | |

**Student's Signature:** _____   **Date:** _____

**Registrar's Signature:** _____   **Date:** _____