USC University of Southern California

OFFICE OF ACADEMIC RECORDS AND REGISTRAR
COURSE SCHEDULE CHANGE FORM

Student's Name _____ Student's USC ID Number _____
Last First M.I.

Student email_____

SEMESTER REQUESTED: Fall _____ ☐ Spring _____ ☐ Summer _____ ☐

CLASSES TO BE ADDED

COURSE PREFIX	COURSE NUMBER	UNITS	CLASS NUMBER	TIME	DAYS
EXAMPLE: ARCH	106X	4	11111	10	MWF

INSTRUCTOR SIGNATURE: Students must obtain approval from the instructor before adding any class after the 1st week.
PLEASE NOTE: If a course is closed or requires D clearance, instructor signature and department stamp are required on this form.

X _____
X _____
X _____
X _____
X _____

CLASSES TO BE DROPPED

COURSE PREFIX	COURSE NUMBER	UNITS	CLASS NUMBER	TIME	DAYS

"I have consulted with my Academic Advisor as necessary, and, after considering the advice, have decided to make the changes on this document to my course schedule."

_____
STUDENT'S SIGNATURE

_____
DATE

CLASSES TO AUDIT OR TAKE FOR PASS/NO PASS

COURSE PREFIX	COURSE NUMBER	UNITS	CLASS NUMBER	TIME	DAYS	GRADE OPTION (LETTER GRADE, PASS/NO PASS, AUDIT)