



OFFICE OF THE REGISTRAR
P.O. Box 9217
Gandy Hall
Virginia State University, Virginia 23806
804-524-5275

SCHEDULE ADJUSTMENT REQUEST FORM

NAME _____ (V-Number) _____

 STUDENT SIGNATURE MAJOR _____ TELEPHONE# _____

<p><u>ADD</u> CRN# _____</p> <p>Title & No. _____</p>	<p><u>ADD</u> CRN# _____</p> <p>Title & No. _____</p>
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<p><u>ADD</u> CRN# _____</p> <p>Title & No. _____</p>	<p><u>ADD</u> CRN# _____</p> <p>Title & No. _____</p>
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_ ADVISOR'S PRINT NAME	SIGNATURE	DATE
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<p><u>DROP</u> CRN# _____</p> <p>Title & No. _____</p>	<p><u>DROP</u> CRN# _____</p> <p>Title & No. _____</p>
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<p><u>DROP</u> CRN# _____</p> <p>Title & No. _____</p>	<p><u>DROP</u> CRN# _____</p> <p>Title & No. _____</p>
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ADVISOR'S PRINT NAME	SIGNATURE	DATE
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*****THIS PORTION IS USED ONLY AFTER ADD/DROP DEADLINE HAS PASSED*****

<p><u>WITHDRAW</u> CRN# _____</p> <p>Title & No. _____</p>	<p><u>WITHDRAW</u> CRN# _____</p> <p>Title & No. _____</p>
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<p><u>WITHDRAW</u> CRN# _____</p> <p>Title & No. _____</p>	<p><u>WITHDRAW</u> CRN# _____</p> <p>Title & No. _____</p>
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ADVISOR'S PRINT NAME	SIGNATURE	DATE
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