

Student ID#: _____ Semester (Fall/Intersession/Spring/Summer): _____ Year: _____

Last Name: _____ First Name: _____ Middle Initial: _____

ADD – Requires Instructor Signature		
Course #	Section #	Instructor Signature

DROP/WITHDRAWAL		
Course #	Section #	Reason for Dropping Course

WARNING: Any changes in your academic schedule may have significant effect on your financial obligation and financial aid for the semester. Students are advised to inquire at the Business Office and the Financial Aid Office before submitting an **Academic Change of Schedule** form.

Dropping or Withdrawing from a Course: Students are permitted to adjust their schedules during the first seven (7) calendar days of the Fall or Spring semester providing the course has seats available and any prerequisites have been met. The student is responsible for obtaining any missing course materials. Refer to the academic calendar for specific dates to submit form for withdrawal without a record and withdrawal with a grade or “W”. The date of withdrawal will affect refunds and financial obligation.

A student may officially withdraw from a course through the tenth week of classes. (This period shall be prorated for abbreviated sessions). Refer to the *Academic Calendar* for important dates. Refer to the *Student Handbook* or the Registrar’s Office for all policies.

I am aware that the above actions may affect my academic record, my financial charges and my financial aid, if applicable. I have consulted with an advisor.

Student Signature: _____

SECTION CHANGE – Requires Instructor Signature for Section to be Added			
Course #	Section # to Drop	Section # to Add	Instructor Signature for Section Added

Dean’s Signature*: _____

*(Required to add a class if the course is full and/or after first week of semester.)



Office of the Registrar – ACADEMIC CHANGE OF SCHEDULE FORM

2240 Iyannough Road | West Barnstable, MA 02668
 774.330.4711 | Fax: 508.375.4084 | registration@capecod.edu | www.capecod.edu

Revised 10/2019

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