

Course Change Card

NOT to be used if dropping ALL courses (Withdrawal Form Needed)

Check if receiving VA Benefits

Georgia College ID No. _____ Last Name _____ First Name _____ Phone _____

	CRN	Subj	Crse#	Instructor Signature***	Department Chair Signature**	Advisor Signature * (if hold exists)
ADD	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____
DROP	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____

SIGNATURES NEEDED DURING DROP/ADD PERIOD:

- **Department Chairperson –
- If course is closed
 - If taking a course load over 18 hours
 - If dropping a course that has a co-requisite
 - If dropping or adding a MUAP course
 - If a pre-requisite exists
- *Advisor – If advisor hold exists

SIGNATURES NEEDED AFTER DROP/ADD PERIOD BUT BEFORE ACADEMIC PENALTY DATE

- **Department Chairperson –
- If adding any course
 - If taking a course load over 18 hours
 - If dropping a course that has a co-requisite
- *Advisor – If advisor hold exists
- ***Instructor– If adding or dropping any course

Return card to the Office of the Registrar for processing.

Date Processed _____ By _____