

Southampton College of Long Island University
SCHEDULE CHANGE FORM

DATE: _____

SS#: _____

LAST NAME: _____ FIRST NAME: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

CAMPUS ADDRESS _____ PHONE #: _____

CHANGE FOR:

FALL: _____ WINTER: _____ SPRING: _____ SUMMER: _____

DROPS/ WITHDRAWALS

Drop	With draw	Discipline	Course #	Section	Credits	P/F opt

ADDS

Discipline	Course #	Section	Credits	Audit	P/F opt

TOTAL SEMESTER CREDITS _____

REQUIRED SIGNATURES:

ADVISOR: _____ DATE: _____

STUDENT: _____ DATE: _____