



## Schedule Change Form

Date \_\_\_\_\_

TERM - Spring \_\_\_\_\_ Summer \_\_\_\_\_ Fall \_\_\_\_\_

First Name \_\_\_\_\_

\_\_\_\_\_ M# \_\_\_\_\_  
 Last Name \_\_\_\_\_ Student ID \_\_\_\_\_

MGCCC Email \_\_\_\_\_@bulldogs.mgccc.edu

Phone # \_\_\_\_\_

**NOTE: CHANGES MADE TO YOUR SCHEDULE MAY IMPACT YOUR VA BENEFITS**

**I would like to request/report the following changes to my schedule.**

Courses Added			Course Dates	Courses Dropped			Course Dates
CRN	Subject	Course	Start/End Date	CRN	Subject	Course	Start/End Date
			/				/
			/				/
			/				/

**DROPPED ALL COURSES**

Student Signature \_\_\_\_\_

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