

STUDENT NAME	LAST	FIRST	MI
	ID NUMBER		DATE

CHANGE SHEET • REGISTRAR'S OFFICE

D R O P	DEPT. & COURSE NO.	TITLE	HRS.	TIME	INSTRUCTOR	

A D D	DEPT. & COURSE NO.	TITLE	HRS.	TIME	INSTRUCTOR	

SITES	STORM LAKE	CA	CB	CR	DN	EC	EL	EM	ES	
	FD	LM	MC	MT	NW	OT	SC	SP		
SEM/TERM	FALL	INT	SPRING			SS 1	SS 2			
	1	2	3	4	5	6				
	COOP - 1		COOP - 2		COOP - 3					
CLASS	FR	SOPH	JR	SR	SP	HS	GR			
TOTAL CHANGE IN HOURS										TO

COMPLETE THIS SECTION FOR CHANGES ONLY

NEW PHONE NUMBER									
NAME	FORMER	CHANGE TO							
NEW ADDRESS	STREET	CITY	STATE	ZIP CODE	COUNTY				

I have read and understand the academic policies in the Buena Vista University catalog.

INSTRUCTOR'S SIGNATURE	DATE	ADVISOR'S SIGNATURE	DATE	STUDENT'S SIGNATURE	DATE