THE UNIVERSITY OF
SCRANTON
A JESUIT UNIVERSITY

STUDENT SCHEDULE CHANGE FORM
(To be used for changes to a pre-existing schedule)

REGISTRATION-T

Print clearly and use ink (no pencil).

Royal ID	Name	Scranton Email Address
		@scranton.edu
College ☐ CAS ☐ KSOM ☐ PCPS	Class ☐ Freshman ☐ Sophomore ☐ Junior ☐ Senior ☐ Graduate	Cell Phone #
Major	Term Fall Intersession Spring Summer Part of Term _____	Year

Courses To Drop/Withdraw						Courses To Add			
CRN	Subject	Number	Section	Last Date of Attendance *(Instructor Must Enter)*	Instructor's Signature *(Required after 100% refund period)*	CRN	Subject	Number	Section

I have read the policy for Course Schedule Changes. I understand that I must self-report non-attendance in scheduled coursework to my instructor(s) immediately.

Student Signature	Date

Approval Signatures	Approved	Not Approved	Date
Academic Dean			
Mentor *(Required for undergraduate students in accelerated programs and graduate students)*			

Return the completed form to the Office of the Registrar and Academic Services, O'Hara Hall or registrar@scranton.edu.

ORAS Office Use: Tuition refund based upon policy: 100% 75% 50 % 25% W Grade (no refund)		
☐ Course(s) Added/Dropped ☐ Scan record	Signature	Date

White – Registrar   Yellow – Student   Pink – Advisor   Rev 07/22