CHANGE TICKET

Name.# _____ Quarter - Year _____ Today's Date / /

Full Legal Name Last First Middle/Maiden _____ College of Enrollment _____

CAMPUS

☐ COL ☐ LMA ☐ MNS ☐ MRN ☐ NWK ☐ WST

☐ Other _____

FEE REASSESSMENT
(Office Use Only)

☐ Yes ☐ No **Effective Date**

If drop for prior quarter, provide reason: _____

Indicate A (Add) or D (Drop)

A/D	Call Number	Credit	Options	Department	Course Number
	-				
A/D	Call Number	Credit	Options	Department	Course Number
	-				
A/D	Call Number	Credit	Options	Department	Course Number
	-				
A/D	Call Number	Credit	Options	Department	Course Number
	-				
A/D	Call Number	Credit	Options	Department	Course Number
	-				

Advisor Approval _____

College Approval _____

_____
Processed By **Date**

Revised 3/08