

FRANKLIN & MARSHALL

SCHEDULE CHANGE FORM

(NOT to be used after the first two weeks of classes)

Name: _____
Last First M.I.

Spring 2010 Semester

Local Telephone _____

DROP:

Dept.	No.	Section	Title

ADD:

Dept.	No.	Section	Title	*Instructor's signature if required

****Instructor's signature is required if course is officially closed, if instructor's permission is necessary for all entries (see MASTER SCHEDULE), or if the class has already met twice.***

Date

Student Signature