


I.D. NO.	 Rowan College at BURLINGTON COUNTY	STUDENT SCHEDULE CHANGE REQUEST	
CREDIT DIFFERENCE (+ or -)		INSTRUCTIONS: PLEASE PRINT USING A BALL POINT PEN. DO NOT ERASE.	
COUNSELOR/ADVISOR APPROVAL			
LAST NAME		FIRST	MIDDLE
ADDRESS			
CITY/COUNTY		STATE	ZIP CODE
PHONE NUMBER	SEMESTER/YR.	DATE	

FOR OFFICE USE ONLY

Fee Adjustments

50% Refund

100% Refund

D/A Fee

Registration Office Signature

Date

Change Fee: There is a \$20.00 non-refundable fee each time a student adds a class or changes a class section for the student's personal convenience or for a change in instructor.

REASON FOR CHANGE _____

	DEPT.	COURSE NO.	SECTION	COURSE TITLE	CR.	DAYS	HOURS	LOCATIONS
ADD	1.							
	2.							
	3.							
	4.							
	5.							

DROP	1.							
	2.							
	3.							
	4.							
	5.							

I understand and agree that I will receive a 100% refund if the drop is before the first day of the semester/term. In addition I understand and agree that if I drop **after** the first day of the semester/term, I will owe 50% of the bill and agree to pay for the classes I dropped. Overdue accounts will be sent to an outside agency. I understand I will be responsible for any assessed fees charge by the collection agency to my collection account. The additional fee is a flat percentage of the initial delinquent balance.

STUDENT SIGNATURE _____