



REQUEST FOR A CHANGE OF SCHEDULE

INDICATE SESSION FOR WHICH CHANGE IS BEING MADE:

___ SPRING ___ SUMMER ___ FALL ___ WINTER _____ YEAR

STUDENT ID (AU ID or SSN): _____

Name: _____

Phone number where you may be reached during the day: _____

Please check if you are receiving VA BENEFITS: _____

I request to DROP the following course(s): Dept./Course #/Section #/Course Name
There is a \$10.00 fee for each course dropped. This charge will be added to your account.

1. _____

2. _____

Are you withdrawing from all the courses you are enrolled in? ___ Yes ___ No

I request to ADD the following course(s): Dept./Course #/Section #/Course Name

1. _____

2. _____

I accept the academic and financial responsibility for the requested change(s).
I understand I will receive a confirmation of these changes after they have been processed.

Student's Signature: _____ Date: _____

DELIVER, MAIL, OR FAX THIS FORM TO THE UNIVERSITY.

Mailing Address: Amberton University
1700 Eastgate Drive
Garland, TX 75041-5595
Fax # (972) 279-9773

IF YOU ARE RECEIVING A REFUND, PLEASE FILL OUT THE FOLLOWING INFORMATION:

_____ PLEASE CREDIT MY CREDIT CARD ACCOUNT

_____ PLEASE HOLD CHECK, I WILL PICK IT UP

_____ PLEASE MAIL CHECK TO:

ADDRESS: _____

CITY/STATE/ZIP: _____