

Please press down firmly
while you PRINT.

Date: _____

Semester:

- Fall 20__
 Winter 20__
 Spring 20__
 Summer 20__

If you are in a degree program at BCC, you must be enrolled in courses required for your degree program. Failure to comply may result in the loss of your financial aid and/or TAP benefits.

Schedule change
requested for:

_____ Last Name

_____ First Name

_____ Curriculum

_____ BCCID#

CRN#	ADD the following courses:	CRN#	DROP the following courses:

Explanation: _____

Please read and sign the following statement: All of the information given above is true and correct. I agree to pay promptly all charges owed to the College, and take responsibility for any collection costs incurred in the collection of this debt. If I decide to change my education plans, I will notify the BCC Office of the Registrar in writing. I realize that non-attendance in class will not relieve me of my financial responsibility. To the best of my knowledge, I have met all the prerequisites for enrollment in the courses above. I agree to abide by all College rules and regulations.

Authorized Signature

REGISTRAR OFFICE USE ONLY

Student Signature

Distribution: White-Registrar

Canary-Student

12/2011

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