



CLAFLIN UNIVERSITY
OFFICE OF ENROLLMENT MANAGEMENT

CLASS SCHEDULE CHANGES

Student ID _____ Fall _____ Spring _____ Summer _____

Last Name

First Name

Middle Name

Date _____

ADD

Time	Course Prefix	Course No.	Course Section	Title	S.H.	Days	Room No.	Instructor

DROP

Time	Course Prefix	Course No.	Course Section	Title	S.H.	Days	Room No.	Instructor

INSTRUCTOR'S SIGNATURE DATE

TOTAL REGISTERED HOURS _____

ADVISOR'S SIGNATURE DATE