Missouri Baptist University
SCHEDULE ADJUSTMENT FORM

All information must be completed. To be used for adjusting schedules ONLY. For withdrawal from all courses, use a Withdrawal from School form. Please return to **Records Office** for processing.

Do you receive VA, JTPA, or TRA benefits?_____

TODAY'S DATE: _____ SOCIAL SECURITY#: _____-_____-_____

NAME: _____ PHONE#: _____

CAMPUS: **TERM:** **YEAR:**_____

☐MAIN ☐TROY/WENTZVILLE ☐FALL ☐SPRING

☐JEFFERSON ☐FRANKLIN CO. ☐WINTERIM ☐MAY/SUMMER

☐LEWIS & CLARK

☐OTHER _____

DROP THE FOLLOWING: **WAITING LIST: [ ]**

Course#	Section	Course Title	Day	Time	Credit Hours

ADD THE FOLLOWING: **WAITING LIST: [ ]**

Course#	Section	Course Title	Day	Time	Credit Hours

Total Hours before adjustment	
Total Hours dropped	
Total Hours added	
Total Hours after adjustment	

_____
Student Signature Date

_____
Advisor Signature Date

_____
Academic Dean Signature (required for overload) Date

_____
Athletic Director Signature (required for athletes) Date

_____
Financial Aid Signature (required when changing status) Date

_____
International Student Advisor Signature Date

_____
Records Office Signature Date

_____
Effective Date