**OFFICE OF ACADEMIC RECORDS AND REGISTRAR**

**COURSE SCHEDULE CHANGE FORM**

**Student's Name**

Last First M.I.

**Student's USC ID Number**

Semester Requested:  
- Spring 2015
- Summer 2015
- Fall 2015

### CLASSES TO BE ADDED

<table>
<thead>
<tr>
<th>COURSE PREFIX</th>
<th>COURSE NUMBER</th>
<th>UNITS</th>
<th>CLASS NUMBER</th>
<th>TIME</th>
<th>DAYS</th>
</tr>
</thead>
<tbody>
<tr>
<td>EXAMPLE: ARCH</td>
<td>106X</td>
<td>4</td>
<td>11111</td>
<td>10</td>
<td>MWF</td>
</tr>
</tbody>
</table>

### CLASSES TO BE DROPPED

<table>
<thead>
<tr>
<th>COURSE PREFIX</th>
<th>COURSE NUMBER</th>
<th>UNITS</th>
<th>CLASS NUMBER</th>
<th>TIME</th>
<th>DAYS</th>
</tr>
</thead>
</table>

### CLASSES TO AUDIT OR TAKE FOR PASS/NO PASS

<table>
<thead>
<tr>
<th>COURSE PREFIX</th>
<th>COURSE NUMBER</th>
<th>UNITS</th>
<th>CLASS NUMBER</th>
<th>TIME</th>
<th>DAYS</th>
<th>GRADE OPTION (LETTER GRADE, PASS/NO PASS, AUDIT)</th>
</tr>
</thead>
</table>

**INSTRUCTOR SIGNATURE:** Students must obtain approval from the instructor before adding any class after the 1st week.

**PLEASE NOTE:** If a course is closed or requires D clearance, instructor signature and department stamp are required on this form.

X

X

X

X

X

X

“I have consulted with my Academic Advisor as necessary, and, after considering the advice, have decided to make the changes on this document to my course schedule.”

__________________________

**Student’s Signature**

__________________________

**Date**