



NORWALK COMMUNITY COLLEGE

188 Richards Avenue
Norwalk, Connecticut 06854-1655

Board of Regents for Higher Education

CHANGE OF SCHEDULE (ADD/DROP) Credit ___ Non-Credit ___

PLEASE PRINT USE BALL POINT PEN - PRESS HARD READ REFUND POLICY ON BACK OF FORM

Students are strongly encouraged to seek the advice of an academic advisor/counselor, financial aid counselor, and/or Veterans Certifying Official prior to changing a class schedule as applicable. Advisor's authorization is required when adding credit courses to a schedule and for ESL credit and non-credit course registrations.

STUDENT ID @ _____ TELEPHONE NO. (____) _____

SOCIAL SECURITY NO. _____ VETERAN _____ YES

Last Name First Name MI

Street Address Apt. # City State Zip Code

If this is a new mailing address you must submit a Change of Address form to the Records Office.

Please verify and update your personal e-mail address through your my.CommNet.edu account.

SCHOOL YEAR _____ [] SPRING [] SUMMER [] FALL

Table with 10 columns: CRN, Subject/Course, Sec, Title, Cred, Days, Time, Room, Override Approval. Rows labeled A, D, D.

Table with 8 columns: CRN, Subject/Course, Sec, Title, Cred, Days, Time, Room. Rows labeled D, R, O, P.

ATTENTION STUDENT: Payment is due at time of registration. Please see the College Refund Policy on the back of this form. Check your Concise Student Schedule at http://my.commmnet.edu.

I certify that I am responsible for any changes to my schedule and that I will verify the above changes on my.commmnet.edu.

STUDENT'S SIGNATURE: _____ DATE: _____

Advisor signature verifies that prerequisites and prior courses have been checked.

COUNSELOR'S / ADVISOR'S PRINTED NAME: _____

COUNSELOR'S / ADVISOR'S SIGNATURE: _____

DATE: _____

The Dean's approval is required if taking more than 19 credits or if requesting to withdraw after the deadline.

DEAN'S SIGNATURE: _____ DATE: _____