REQUEST FOR
SCHEDULE ADJUSTMENT

UWF ID Number: ___________________________ Name: ___________________________

UWF Email: ___________________________ Phone Number: ___________________________

If you are receiving either VA benefits or financial aid (of any kind), a signature from the corresponding office is REQUIRED:

NOTE: All Adjustments (especially course/credit additions) must be done by the end of the drop/add period in order to be utilized in your overall credit count towards your financial aid. *Indicates a signature is required in order for the request to be considered complete.

Check any/all that apply:
☐ I am NOT receiving any type of financial aid.
☐ * I am receiving VA benefits and have discussed the actions listed with the Military & Veteran Resource Center.*
☐ *I am receiving financial aid and have discussed the effect of the actions listed with the Office of Financial Aid & Scholarships.*

Financial Aid Signature: ___________________________ Date: ___________________________

VA Benefits Signature: ___________________________ Date: ___________________________

Reason for Request: Requests are considered only in cases of extenuating circumstances beyond the student's control. Attach appropriate documentation and additional pages as necessary. I request permission to make a schedule adjustment for the following reason(s):

Reason(s) for ADJUSTMENT
(*REQUIRED- To be obtained by student)

<table>
<thead>
<tr>
<th>Adjustment (Add only)</th>
<th>CRN #</th>
<th>Subject Prefix &amp; Course Number</th>
<th>Credit Hrs.</th>
<th>Date Course Starts/Started</th>
<th>Grade Mode</th>
<th>*Instructor Signature Needed for course Add(s) Only</th>
<th>Date</th>
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Student Signature: ___________________________ Date: ___________________________

REGISTRAR OFFICE USE

Term Code: ___________________________ Completed By: ___________________________ Date: ___________________________

Processed: ☐ YES ☐ NO Notification completed: ☐ Controller/Student Accounts ☐ Financial Aid ☐ Student

Comments: ___________________________