

# EAST-WEST UNIVERSITY

## CHANGE OF SCHEDULE

The RECORDS OFFICE | 816 S. MICHIGAN AVE | CHICAGO, IL 60605 | Phone: 312-939-0111 | Fax: 312-939-0083 | www.eastwest.edu

Last Name	First Name	M.I.	Student ID # or SS#	Phone Number / Email Address

Quarter Term	Year	Number of credits before change:	Number of credits after change:
FA WI SP SU	20__	_____	_____

COURSE ID	SEC	COURSE TITLE	HRS	DAY	TIME	ROOM	INSTRUCTOR APPROVAL
EG. <i>HM 279</i>	<i>2</i>	<i>East-West Signature Course</i>	<i>4</i>	<i>MWF</i>	<i>2:45-4:00pm</i>	<i>E-314</i>	<i>Joe Smith</i>

<b>A D D</b>							

COURSE ID	SEC	COURSE TITLE	HRS	DAY	TIME	ROOM	INSTRUCTOR APPROVAL
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<b>D R O P</b>							

If you are withdrawing from all classes, please use this space to state the reason:

*I understand that I am responsible for any changes to my schedule, and that a reduction in credit hours may affect my Financial Aid, and/or International Student Status. I also understand that this request will be processed within 1-2 working days from the time it is received, and I will verify these changes by printing my schedule directly from the EWU Student Portal.*

<b>ADVISOR SIGNATURE</b>	<b>DATE</b>	<b>STUDENT SIGNATURE</b>	<b>DATE</b>