## To complete paper form:

- 1. Student prints this form
- Student completes top section, CRN, and Course Code portions.
- Student takes form to instructor(s) for signatures (and Dean, if required).
- Student returns completed form to Registrar's Office in person or scans and emails to registrar@highlands.edu

TERM:\_\_\_\_\_

NAME:



## GEORGIA HIGHLANDS COLLEGE REQUEST TO CHANGE SCHEDULE AFTER DROP/ADD

## To complete digital form:

- Student fills in top section, CRN and Course Code portions
- Student saves form and emails to instructor(s) for approval (and Dean, if required).
- 3. Each instructor/Dean responds to student via email with approval.
- Once all approvals are gathered, student attaches the completed form and all approvals in ONE email and sends to registrar@highlands.edu

The deadline to submit this form for each part of term (full term, 8-week) is on the Academic Calendar. Students will be notified at their GHC email address if the form was approved and processed or denied once all required offices complete their review.

COURSES	S TO ADD: C	ourses	previously att	ending to be reinstated.	
CRN#	Course C	ode		ignature & Date is acceptable as signature; must	be sent with the completed form)
COURSES			-		n another section of same cours
	S TO SWAP:		e previously at	ttending to be swapped wit Instructor Signature & Date	
			-	Instructor Signature &	Academic Dean Signatur
ADD 1			-	Instructor Signature &	Academic Dean Signatur
ADD 1 DROP 1			-	Instructor Signature & Date	Academic Dean Signatur Date
ADD 1 DROP 1 ADD 2			-	Instructor Signature & Date	Academic Dean Signatur Date
ADD 1 DROP 1 ADD 2 DROP 2			-	Instructor Signature & Date  Not required	Academic Dean Signatur Date  Not required
COURSES  ADD 1  DROP 1  ADD 2  DROP 2  ADD 3  DROP 3			-	Instructor Signature & Date  Not required	Academic Dean Signatur Date  Not required