

REGISTRAR OFFICIAL SCHEDULE CHANGE REQUEST FORM



Student Name: _____ EMPLID: _____

Fall 20 _____ Spring 20 _____ Summer 20 _____ Classification: 1L 2L 3L 4L

Enrollment Change

Add/Drop	Subject	Course Number	Section Number	Course Title	Course Instructor Signature (Required)
A	D				
A	D				
A	D				
A	D				
A	D				
A	D				
A	D				

Please check REASON(S) FOR DROP:

- Military Duty Academic
- Personal Finances
- Other Medical

Check all that apply

- Externship** (Director or Assistant Director of Experiential Learning signature required)
 - First Year (Lockstep) Course/3rd or 4th Semester Required Course** (Professor's signature required)
- Please Note: Student must provide written statement proving significant hardship*

Please explain your circumstances. Attach additional documentation, if necessary.

Drop – Dropping one or more courses while remaining enrolled in at least 1 course.

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Financial Aid Statement: College of Law students must be enrolled in at least 8 credit hours (4 credit hours in the summer) to be eligible for financial aid. Students borrowing federal loans should review the financial aid [Satisfactory Academic Progress Policy](#) and consult financial aid to discuss any questions related to the specific application of the policy.

Please note: College of Law students may not enroll in less than 8 credits hours per term without permission of the Associate Dean for Academic Affairs.

See the Office of Student Financial Aid for details or contact lawfinancialaid@untDallas.edu.

Required Signatures (if dropping a course after the census date) or students may attach College of Law email (s) giving such permission.

Academic Affairs: _____ **Date:** _____
[Associate Dean for Academic Affairs - required]

A student is obligated to pay all financial debts to the institution prior to the release of official records.

Financial Aid: _____ **Date:** _____

Student Affairs: _____ **Date:** _____
[Assistant Dean for Student Affairs - not required]

Student: _____ **Date:** _____

For Registrar Office Use Only:

Processor's Initials: _____ **Date processed:** _____ **Hold on Account:** YES NO **Dept.:** _____ **Notify Legal Educational Technology Date:** _____