

University of Virginia's College at Wise

SCHEDULE ACTION FORM

Semester / Term: _____

Date: _____

Your Name: _____

Jenzabar ID No.:#: _____
or last 4 digits of SSN#: _____

E-mail Address: _____
(REQUIRED)

PLEASE CHECK STUDENT STANDING:

FRESHMEN

SOPHOMORE

JUNIOR

SENIOR

NON-DEGREE

Comments:

Advisor Signature (required)

Dean or Dept. Chair Signature (if required/requested by the Office of the Registrar)

SCHEDULE CHANGE(S) - PLEASE COMPLETE ALL SECTIONS

PLEASE USE THE COMPLETE COURSE ID & NUMBER (EX: ENG-1020-05)

COURSE ID and #	COURSE TITLE EX. (SCIENTIFIC METHODS)	NO. OF CREDITS	ADD	DROP	Initials for Course Authorization (if needed)
			<input type="checkbox"/> ADD	<input type="checkbox"/> DROP	
			<input type="checkbox"/> ADD	<input type="checkbox"/> DROP	
			<input type="checkbox"/> ADD	<input type="checkbox"/> DROP	
			<input type="checkbox"/> ADD	<input type="checkbox"/> DROP	
			<input type="checkbox"/> ADD	<input type="checkbox"/> DROP	
			<input type="checkbox"/> ADD	<input type="checkbox"/> DROP	
			<input type="checkbox"/> ADD	<input type="checkbox"/> DROP	
			<input type="checkbox"/> ADD	<input type="checkbox"/> DROP	
			<input type="checkbox"/> ADD	<input type="checkbox"/> DROP	

With above changes, I'll be registered for _____ credits.
Approval to go above the maximum numbers of credits allowed by UVA-WISE requires approval.

Notice: An e-mail will be sent to the UVA-WISE e-mail address listed above if there is a problem processing this schedule action form. It is the responsibility of the student to check for schedule accuracy via the student portal. An updated schedule will be available on-line within 2-3 business days.

*** RETURN THIS FORM TO THE REGISTRAR'S OFFICE (CROCKETT HALL) FOR PROCESSING ***