

**OFFICE OF STUDENT AFFAIRS**

**RMSB – #2011**

**243-7418 (Office) 243-6757(Fax)**

**CHANGE OF SCHEDULE REQUEST  
ACADEMIC YEAR 2005-06**

**STUDENT'S NAME** \_\_\_\_\_ **CONTACT #:** \_\_\_\_\_

| <b><u>DROP</u></b> (Course Name/Code) | <b>DATE</b> | <b>#/WEEKS</b> | <b>COORDINATOR'S<br/><u>SIGNATURE</u></b> |
|---------------------------------------|-------------|----------------|---|
| _____                                 | _____       | _____          | _____                                     |

| <b><u>ADD</u></b> (Course Name/Code) |       |       |       |
|--------------------------------------|-------|-------|-------|
| _____                                | _____ | _____ | _____ |

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