



# Cortland

State University of New York College at Cortland

## CHANGE OF SCHEDULE FORM

Office of the Registrar  
223 Miller Building  
www.cortland.edu/registrar/  
phone: (607) 753-4701

Social Security Number: \_\_\_\_\_

Last Name \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_

Street \_\_\_\_\_ Apt Number \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Major Code \_\_\_\_\_

Semester _____	Year _____	Student Type:
Fall _____	_____	Part Time _____
Winter _____	_____	Full Time _____
Spring _____	_____	Undergrad _____
Summer _____	_____	Graduate _____
		Degree _____
		Non Degree _____
		Out of State _____

Credit Hrs: \_\_\_\_\_  
Before \_\_\_\_\_ After \_\_\_\_\_

Transaction Date: \_\_\_\_\_

### ADDS

CRN	Subject	Course Number	Section Number	Cred Hours	UG / GR	Course Dept Signature

FOR BURSAR USE ONLY		
	Student Owes	Refund Due
TUITION		
COLLEGE FEE		
PROGRAM SERVICE CHARGE		
*(LESS) WAIVER OR DEFERRAL	---	---
<b>TOTAL</b>		

If using Discover, Mastercard or Visa, enter your account number and expiration date below.

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Expiration Date: \_\_\_\_\_

Signature    X \_\_\_\_\_

### DROPS

CRN	Subject	Course Number	Section Number	Cred Hours	UG / GR	Course Dept Signature	Office use only
							DD/WC

Receipt No. _____	Bursar's Office Initials _____
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**\*After the Official Drop & Add period you MUST withdraw from the course.\***

**\*\*It is SUNY policy that transactions made after the official Drop & Add period are subject to late fees.\*\***

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

FOR REGISTRAR OFFICE USE ONLY	Transaction Notes
Processed by _____ Date _____	

Associate Dean's Signature \_\_\_\_\_ Date \_\_\_\_\_  
(Approval for overload of 18.5 credits or more and/or if transaction is after the official Drop & Add period)

REGISTRAR'S COPY