



Student Registration and Record Services
 223 Miller Building
 PO Box 2000
 Cortland, NY 13045-0900
 607-753-4702 | srrs@ Cortland.edu

ALL STUDENTS Schedule Change Form

Includes Alternate Registration

Students will use this form to make schedule changes when the web is not available, or when an exceptional approval/action is required. All students must be active in the student information system prior to this transaction. This form shall not be accepted for course withdrawals. Visiting students (non-matriculated students) will be required to have an active student record, which may be obtained by completing the Visiting Student Information Form online.

Student Name: _____ Cortland ID Number: _____

Street Address: _____

City: _____ State: _____ Zip: _____ E-mail: _____

Permanent Phone: _____ Mobile Phone (Optional): _____

Student Type: Cortland Degree-Seeking Student (Matriculated) Visiting Student (Non-Matriculated) Study Abroad / International

Enrollment: Full Time Part Time Major/Program (Matriculated Students Only): _____

Registration: Regular Change (Add/Drop Period) Initial/Alternate Registration Late/Exceptional Registration/Change

Reason / Explanation for Change: _____

Change	CRN	Subject	Number	Section	Title	Credits	Level
<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Credit/Level							<input type="checkbox"/> UG <input type="checkbox"/> GR
<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Credit/Level							<input type="checkbox"/> UG <input type="checkbox"/> GR
<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Credit/Level							<input type="checkbox"/> UG <input type="checkbox"/> GR
<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Credit/Level							<input type="checkbox"/> UG <input type="checkbox"/> GR

Student Signature: _____ Date: _____

Associate Dean Signature: _____ Date: _____

Associate dean signatures are only required for late or exceptional changes, including changes after the add/drop period.

 ----- SRRS STAFF: REMOVE SECTION BELOW WHEN SAVING RECORD -----

Part-Time, Non-Matriculated or Visiting Students ONLY Must Complete This Section

If a balance will be due, you are required to include payment information on this form at the time of registration. Part-time students paying per credit hour enrolled and visiting or non-matriculated students, including cross-registering students will complete this section. Students that are matriculated and enrolled full time at SUNY Cortland (undergraduates: 12 or more hours, graduates: 9 or more hours) will not complete this section. All payment forms that are returned will incur a \$20 return fee.


 You may not email this form when providing payment information. You must fax, mail or provide the form in person.

Payment Type: Check Money Order/Bank Check Visa Mastercard American Express Discover

Name on Card: _____ Amount: \$ _____ . _____ Expires: _____

Credit Card Number: _____

Signature: _____ Date: _____