



ENROLLMENT ADJUSTMENT FORM

Registrar's Office

Name: \_\_\_\_\_ Student ID#: Z \_\_\_\_\_

Fr  So  Jr  Sr  Graduate I receive veteran's benefits.  Yes  No

ORU Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Year: \_\_\_\_\_  Fall  Spring  Summer:  1  2  3  4  5  6

ADD COURSES

DROP COURSES

CRN	Subj	Crse	Sec	Title	Credit	CRN	Subj	Crse	Sec	Title	Credit
11001	CHE	101	01	Principles of Chem Lec	3.0						
					-						-
					-						-
					-						-
					-						-
					-						-

I UNDERSTAND that if I do not follow my approved degree plan, request a light academic load, or do not take one or more of my required courses, I may not be eligible to graduate on schedule. I accept full responsibility for this schedule adjustment.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Entered by: \_\_\_\_\_ Date: \_\_\_\_\_

Revised 9/16/09

Registrar File - White

Student - Yellow



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