



New Mexico State University  
University Registrar's Office

**Change of Schedule**

Student Information		
Aggie ID Number:	Last Name, First Name, Middle Initial:	
Semester/Year	<input type="checkbox"/> Fall 20_____ <input type="checkbox"/> Spring 20_____ <input type="checkbox"/> Summer 20_____	
Current Street Address:	City, State, Zip Code	
Telephone Number:	NMSU Email Address:	College/Major:

**Course Add, Drop, Withdrawal Information**

Add/Drop/Withdrawal	CRN	Subject	Course Number	Section	Credit Hours	S/U	Audit	Instructor's Signature
						<input type="checkbox"/>	<input type="checkbox"/>	
						<input type="checkbox"/>	<input type="checkbox"/>	
						<input type="checkbox"/>	<input type="checkbox"/>	
						<input type="checkbox"/>	<input type="checkbox"/>	
						<input type="checkbox"/>	<input type="checkbox"/>	
						<input type="checkbox"/>	<input type="checkbox"/>	

\*Only required for appropriate overrides\*

\_\_\_\_\_ \_\_\_\_\_  
 Academic Advisors Signature Date

**Max Credit**

The student has permission to take _____ more credit hour(s) over the maximum hours allowed in a semester.	<p><small>*Only required for class overload override*</small></p> <input checked="" type="checkbox"/> _____ Assoc. Academic Dean Signature/VPAA Signature <span style="float: right;">Date</span>
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Financial information concerning drops and withdrawals can be found at <http://uar.nmsu.edu/withdrawals/>. Financial Aid/Scholarship Recipients are encouraged to contact [University Financial Aid and Scholarship Services](#) before withdrawing. Students withdrawing from classes are responsible for payment of any balance due after the required return of Federal student aid funds. (Form not to be used to withdrawal from the university.)

\_\_\_\_\_ \_\_\_\_\_  
 Student signature Date

Official Use Only		
Processed By:	Date:	Comments: