UNIVERSITY REQUEST FOR A CHANGE OF SCHEDULE INDICATE SESSION FOR WHICH CHANGE IS BEING MADE:	
	N):
	be reached during the day:
Please check if you are recei VA	IVING: A BENEFITS: FINANCIAL AID:
	ing course(s): Dept./Course #/Section #/Course Name. e dropped. This charge will be added to your account.
1	
	e courses in which you are enrolled?YesNo
I request to ADD the followin	ng course(s): Dept./Course #/Section #/Course Name.
1.	
	al responsibility for the requested change(s). I understand I will receive a confirmation of
Student's Signature:	Date:
	LIVER, MAIL, OR FAX THIS FORM TO THE UNIVERSITY.
Mailing Address:	Amberton University 13601 LBJ FWY
FAX Number:	Garland, TX 75041-4707
	(972) 279-9773 Advisor@Amberton.edu
IF YOU ARE RECF	EIVING A REFUND, FILL OUT THE FOLLOWING INFORMATION:
	ASE CREDIT MY CREDIT CARD ACCOUNT
PI F /	ASE HOLD THE CHECK, I WILL PICK IT UP

_____PLEASE MAIL THE CHECK TO:

ADDRESS:

CITY/ST/ZIP:__