

# AMBERTON UNIVERSITY REQUEST FOR A CHANGE OF SCHEDULE

INDICATE SESSION FOR WHICH CHANGE IS BEING MADE:

\_\_\_\_ SPRING    \_\_\_\_ SUMMER    \_\_\_\_ FALL    \_\_\_\_ WINTER    \_\_\_\_ YEAR

STUDENT ID (AU ID or SSN): \_\_\_\_\_

Name: \_\_\_\_\_

Phone number where you may be reached during the day: \_\_\_\_\_

Please check if you are receiving:

VA BENEFITS: \_\_\_\_\_ FINANCIAL AID: \_\_\_\_\_

I request to DROP the following course(s): Dept./Course #/Section #/Course Name.

*During the registration period, there is a \$10 fee for each course dropped. This charge will be added to your account. Refer to the Schedule of Classes and website for tuition refund amounts and deadlines.*

1. \_\_\_\_\_

2. \_\_\_\_\_

Are you withdrawing from all the courses in which you are enrolled? \_\_\_\_\_ Yes \_\_\_\_\_ No

I request to ADD the following course(s): Dept./Course #/Section #/Course Name.

1. \_\_\_\_\_

2. \_\_\_\_\_

I accept the academic and financial responsibility for the requested change(s). I understand I will receive a confirmation of these changes after they have been processed.

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

DELIVER, MAIL, OR FAX THIS FORM TO THE UNIVERSITY.

Mailing Address:

Amberton University  
13601 LBJ FWY  
Garland, TX 75041-4707

FAX Number:

(972) 279-9773

email Address:

Advisor@Amberton.edu

**IF YOU ARE RECEIVING A REFUND, FILL OUT THE FOLLOWING INFORMATION:**

\_\_\_\_ PLEASE CREDIT MY CREDIT CARD ACCOUNT

\_\_\_\_ PLEASE HOLD THE CHECK, I WILL PICK IT UP

\_\_\_\_ PLEASE MAIL THE CHECK TO:

ADDRESS: \_\_\_\_\_

CITY/ST/ZIP: \_\_\_\_\_