



# University Student Records

## Change of Class Schedule

**Submitting Instructions:** Send the completed and approved form, by NMSU email, to University Student Records at record\_grade@nmsu.edu or by fax to (575) 646-1579. For questions or additional information on this form please call University Student Records at (575) 646-3411.

### General Information

**Waitlist Restrictions:** Waitlists cannot be overridden, even with the instructor's signature. Students should put themselves on waitlists when available.

**Signature Limitations:** All signatures must be dated.

\*Instructor signatures are valid for two (2) business days, not counting the day the signature was given.

### Student Information

Aggie ID Number:	Last Name, First Name, Middle Initial:		
Semester/ Year (check box) Fall 20 _____ Spring 20 _____ Summer 20 _____	College/Major:	Phone Number:	

### Add, Drop, or Withdraw from a Single Class

Add/Drop/Withdrawal	CRN	Subject	Course Number	Section	Credit Hours	S/U	Audit	Instructor's Signature and Date (Only for necessary overrides)	Override Being Granted
						<input type="checkbox"/>	<input type="checkbox"/>	Date	<input type="checkbox"/> Closed Section <input type="checkbox"/> Instructor Consent <input type="checkbox"/> Pre-req/Co-req*
						<input type="checkbox"/>	<input type="checkbox"/>	Date	<input type="checkbox"/> Closed Section <input type="checkbox"/> Instructor Consent <input type="checkbox"/> Pre-req/Co-req*
						<input type="checkbox"/>	<input type="checkbox"/>	Date	<input type="checkbox"/> Closed Section <input type="checkbox"/> Instructor Consent <input type="checkbox"/> Pre-req/Co-req*
						<input type="checkbox"/>	<input type="checkbox"/>	Date	<input type="checkbox"/> Closed Section <input type="checkbox"/> Instructor Consent <input type="checkbox"/> Pre-req/Co-req*

**\*Instructor's should only select the registration override(s) granted and cross out overrides that are not granted.**

**Comments:**

### Withdraw from All Classes for the Current Semester

(For full withdrawal check the box and answer the questions below)

Yes, I want to be fully withdrawn:

Did you receive any form of Financial Aid:	Do you live in University Housing:	Do you receive assistance through Military & Veterans Program:
Yes      No	Yes      No	Yes      No

Financial responsibilities concerning registration can be found at [University Accounts Receivable Terms & Conditions](#). 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. Students with questions about how a schedule change will impact their progress toward degree should consult their academic advisor.

Dates and deadline information can be found at [University Student Records](#) and all students are encouraged to visit the University Student Records website before withdrawing. Students withdrawing from classes after the last date to drop a course without a "W" will still be responsible for full tuition.

X

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Senior Citizen Reduced Tuition Waiver:**

Please check this box if you are enrolling under the Senior Citizen Reduced Tuition Program. You acknowledge that registration will not take place until the first day of the semester and must occur through University Student Records.

### Associate Academic Dean / VPAA Only

**Max Credit Hour Overload Approval**

The student has permission to take _____ credit hour(s) over the maximum hours allowed in a semester.	<input checked="" type="checkbox"/> Required for class overload override
	Assoc. Academic Dean or VPAA Signature & Date