



SCHEDULE ADJUSTMENT REQUEST

Office of the Registrar

450 North Avenue • Battle Creek, MI 49017-3397
(269) 965-4129 • www.kellogg.edu/registrar

INSTRUCTIONS

1. Print firmly with a ballpoint pen.
2. Return the form to the Records and Registration, Eastern Academic, Fehsenfeld, or Grahl Center, or the RMTC. **DATE**

NAME _____	KCC ID or SOCIAL SECURITY NUMBER _____
Last _____	First _____ Middle Initial _____
The Semester you would like to DROP/ADD a class is: Fall of _____ Spring of _____ Summer of _____	

ADD			
Subject Area	Course Number	Section Number	Credit Hours

DROP			
Subject Area	Course Number	Section Number	Credit Hours

FOR OFFICE USE ONLY

Transfer tuition from Drop to Add

Refund tuition

Waive Adjustment Fee

Clerk

Date

Student's Signature _____	Date _____
---------------------------	------------