

University of Virginia's College at Wise

SCHEDULE ACTION FORM

USE THIS FORM ONLY TO MAKE CHANGES IN YOUR SCHEDULE THAT CANNOT BE MADE BY USING COCO

Date: _____

Semester / Term: _____

Your Name: _____

Student ID No.: _____ - _____ - _____

Alternate ID No#: _____

Local Telephone: _____ - _____ - _____

E-mail Address: _____
(REQUIRED)

Action Requested:

Reason for needing action:

- INDEPENDENT STUDY
 COURSE RESTRICTED
 INSTRUCTOR PERMISSION REQUIRED
 MISSED DEADLINE
 COURSE FULL
 WAIVER OF MAXIMUM/MINIMUM CREDITS

 OTHER: __________
Advisor Signature (required)_____
Dean or Dept. Chair Signature (if required by the Office of the Registrar)**SCHEDULE ADDS**

[M-MONDAY T-TUESDAY W-WEDNESDAY H-THURSDAY F-FRIDAY S-SATURDAY]

SCHEDULE NO.# EX. (771110000001)	COURSE ID.# EX. (GEOG 111)	SECTION NO.#	COURSE TITLE EX. (SCIENTIFIC METHODS)	INSTRUCTOR OR DEPT CHAIR INITIALS	NO.# OF CREDITS	DAY / TIME EX. (M / 8:00AM)

SCHEDULE DROPS

[M-MONDAY T-TUESDAY W-WEDNESDAY H-THURSDAY F-FRIDAY S-SATURDAY]

SCHEDULE NO.# EX. (771110000001)	COURSE ID.# EX. (GEOG 111)	SECTION NO.#	COURSE TITLE EX. (SCIENTIFIC METHODS)	INSTRUCTOR OR DEPT CHAIR INITIALS	NO.# OF CREDITS	DAY / TIME EX. (M / 8:00AM)

With above changes, I'll be registered for _____ credits. Approval to go above the maximum or below the minimum
Approval to go above the maximum or below the minimum allowed by my school requires the approval of the Dean's Office.

Note: You will be contacted via the e-mail address listed above if there is a problem processing your schedule action form. Otherwise, you may check the portal for an updated schedule within 2 business days.

NOTE: THIS FORM MAY BE PRINTED FROM THE WEB AT: <http://www.uvawise.edu/registrar/RegistrarOfficeForms.html>

FOR OFFICE USE ONLY;

