# Registration/Change of Schedule Form
## Richland Community College

**Check reason for ALL DROPS on the back of this form.**
☐ **Check here if withdrawing from all classes.**

I.D. Number | Name: Last | First | Middle Initial | Date ____/____/____ (Month / Day / Year) ____/____ (Term / Year)

Social Security Number | Address | City | State | Zip | Telephone Number

Area of Concentration _____ Program Code _____

(Example: Basic Certificate-Accounting, A.A.S.-Computer Information Systems, A.S.-Mathematics, A.A.-Art)

(Optional) Email Address

| Course Prefix/Number | Section | Cr. Hrs | Add | Drop | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Beg. Date |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Example: Acct. 101 | 1 | 4 | | | 8:00-8:50 | 8:00-8:50 | | 8:00-8:50 | 8:00-8:50 | | |
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☐ In District
☐ Out of District

☐ Pell/MAP
☐ IL Milit. Sch.
ID #_____
☐ Other

Total Hours _____

Approved by _____ Advisor Code _____ Student Signature _____