



Coppin State University
Office of Records and Registration
2500 W. North Avenue
Baltimore, MD 21216

CHANGE IN SCHEDULE

Semester/Year

Date Processed _____ Processed By _____

PLEASE PRINT STUDENT I.D. NUMBER		NAME – Last, First & M.I.		ADDRESS – Street, City, State & Zip Code		Telephone No.
D R O P	DISC CODE Ex. ENGL	COURSE NO. Ex: 101	SECT NO. Ex: 001	CREDIT HRS. Ex. 3	COURSE TITLE Ex. English Composition I	PRINT INSTRUCTOR'S NAME
A D D						
CREDIT HOURS BEFORE CHANGE _____ AFTER CHANGE _____						
<p>By signing this form, I hereby promise to pay tuition and fee charges for each of the above course(s) in which I have been admitted, regardless of whether I attend the course(s) or receive financial aid. I also understand that I must follow the procedures for obtaining refunds that are outlined in the University's on-line Registration Information each semester. I understand that it is my responsibility to meet with my advisor prior to submitting this document to the Office of Records and Registration for processing. I also acknowledge that the above information is correct and that add/swap and drop transactions must be processed by the Office of Records and Registration or student self-service by the published add/swap and drop deadlines.</p> <p>Student's Signature: _____ Date: _____</p>						

Revised: August 2025