



# WIND RIVER TRIBAL COLLEGE CHANGE OF SCHEDULE

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SEMESTER \_\_\_\_\_ 20 \_\_\_\_\_

DATE \_\_\_\_\_

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NAME

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SOCIAL SECURITY NUMBER

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## ADD/DROP

ADD

COURSE SYN.	COURSE NO.	CREDITS	SECTION	COURSE TITLE
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ADVISOR SIGNATURE (Required if enrolled in a degree program)

DROP

DEPT.	COURSE NO.	SECTION	COURSE TITLE
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PLEASE CHECK IF YOU ARE WITHDRAWING FROM ALL COURSES IN  
THE SEMESTER

Have you received any type of FINANCIAL AID/SCHOLARSHIPS?

YES  NO

Please indicate reason for withdrawal \_\_\_\_\_

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STUDENT'S SIGNATURE

*I understand that changes indicated on this form may have an effect on my academic standing, ability to graduate within the program I am seeking, and my financial aid/scholarship status. I am responsible for changes made and the consequences of those changes.*