



SCHEDULE CHANGE CARD

Date: _____

Term: _____

Name: _____
Last First

ISU ID: _____

Course Information
(send to: reginfo@isu.edu)

Subject	_____	Audit	<input type="checkbox"/>
Course #	_____ Section _____		
CRN#	_____ Credit hrs _____	Pass/No Pass	<input type="checkbox"/>

Instructor Signature: _____

Student Signature: _____

Department Approval: _____

(Revised 01/2024)



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