



Trinity

Enrollment Services
125 Michigan Avenue NE
Washington DC 20017
 202.884.9530 fax: 202.884.9524
 Email:enrollmentservices@trinitydc.edu

Schedule Adjustment Form

First Name:	MI:	Last Name:
Student ID #:		Advisor:
Telephone #:		Degree Program:
Semester and Term:		Major/Minor:

Courses to be added	COURSE ID	SECTION	SESSION	COURSE TITLE	INSTRUCTOR'S NAME	CREDITS
Courses to be dropped	COURSE ID	SECTION	SESSION	COURSE TITLE	INSTRUCTOR'S NAME	CREDITS

Reason transaction cannot be processed on Self-Service: _____

Student Signature: _____ Date: _____

Advisor Signature: _____ Date: _____

Dean Signature (to override cap or time conflict): _____ Date: _____

Office Use Only: Date Received: _____ Entered by: _____ Date: _____
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I understand that I am responsible for ensuring that the courses I have selected fulfill Program and University requirements. I have discussed my course selection with an advisor. I understand that I am responsible for and agree to pay all charges I incur at Trinity and that if I withdraw, I must do so in accordance with the policies and procedures for that term. I understand that if my account becomes delinquent, I will be liable for collection costs and legal fees. By signing this form, I acknowledge that I have read the information on this form and I have read and understand the policy on Student Financial Responsibility.