



Spring Summer Fall
Year

SCHEDULE REQUEST FORM

Submit completed form to Admissions@mccd.edu

New/Returning Student

Continuing Student

K-12 Student

Student ID#		Phone Number	
Last Name		First Name	Middle Initial
Student Signature X		Date	

COURSE ADDS-Please make sure form is complete, signed, and dated.

SECTION NO.	COURSE	UNITS	DAY	TIME	BLDG/ROOM	OFFICE USE ONLY – MM = Multiple Measure / OTR = Other Transcript				
						INSTRUCTIONAL DEAN'S SIG. REQUIRED IF EFFECTIVE DATE IS AFTER 3 RD WEEK				
STUDENTS ENROLLING IN A LAB CLASS INVOLVING READING, WRITING, MATH, SCIENCE, OR EXERCISE WILL ALSO BE ENROLLED IN A FREE OF CHARGE NON-CREDIT CLASS FOR RECORDKEEPING PURPOSES.						COUNSELOR SIGNATURE IF PREREQUISITES NOT MET	PLACEMENT OVERRIDE APPROVED USING		INSTRUCTOR'S SIGNATURE TO ADD (IF NEEDED)	DATE OF FIRST ATTENDANCE
							MM	OTR		
EXAMPLE: 10001	ENGL-01A	4	MWF	7-10pm	IAC-122					

COURSE DROPS

IT IS THE STUDENT'S RESPONSIBILITY TO DROP ANY CLASS THAT THEY DO NOT INTEND TO COMPLETE. EXCESSIVE DROPS MAY AFFECT ACADEMIC STATUS AND FINANCIAL AID.		<input type="checkbox"/> Enter one that applies to reason for dropping courses. 1. Attending Another School 2. Changed section 3. Too Difficult 4. Child Care Issues 5. Family Issues 6. Financial Aid Disbursement 7. Instructor Issues 8. Legal Obligations 9. Medical Issues 10. Lack of Motivation 11. Textbook/Material Costs 12. Transportation 13. Tuition Costs 14. Work Conflict 15. Changed Mind 16. Mental Health	OFFICE USE ONLY
SECTION NO.	COURSE		COUNSELOR SIGNATURE REQUIRED ONLY IF DROPPING GUID-54
EXAMPLE: 1001	ENGL-01A		