Towson University
Course Schedule Change Form

Last Name, First	TU ID# (7 digits)	Social Security #

Day Phone #:

A-If Adding
D-If Dropping
C-If Changing Credit or Pass Option

Today's Date: _____

AU- If electing Audit Option
PS- If electing Pass Option
N- If deleting Pass or Audit Option

	▼	**Class #** (4 digits)	**Subject Area**	**Catalog #**	**Section #**	**Units**	**Official Use Only**	▼ Grading Option	**Authorizing Signature and/or Stamp**
1									
2									
3									
4									
5									