Towson University
Course Schedule Change Form

Last Name, First	TU ID# (7 digits)	
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									