



POINT LOMA
NAZARENE UNIVERSITY

Records Office
3900 Lomaland Drive
San Diego, CA 92106
T 619.849.2286
F 619.849.2508
I www.pointloma.edu/records

Change of Schedule Form

Name (Print clearly) _____ ID Number _____ Major _____

Local Address or Residence Hall _____

Local Telephone Number _____ E-mail _____

Please circle semester and indicate year: Fall 20____ Spring 20____ Summer 20____

Please indicate program: ____ Undergraduate ____ Credential ____ Graduate

TO ADD:

Dept.	Course No.	Section No.	Title	Units	P/NC	Audit	Instructor's Signature

TO DROP:

Dept.	Course No.	Section No.	Title	Units	P/NC	Audit

After this change I will be registered for _____ units this semester.

Student's Signature: _____

Date: _____

Advisor's Signature: _____

Date: _____

(It is strongly advised you obtain your advisor's signature to assure program requirements are being met.)