Schedule Change

This form MUST be emailed to regoffice@wartburg.edu by the appropriate deadline as stated in the Wartburg website academic link or the Registrar's web page.

Always review your schedule on My.Wartburg to be sure it is correct.

| Email Address | | ID Number 1Y - 2Y - 3Y - 4Y Date | |
|-------------------------|--|----------------------------------|---|
| | | | |
| Step 2: | Advisor & Instructor signatures are required for ALL stu | udents adding or d | ropping a course to a term after the third day of term. |
| • | Registrar's Office will process the Schedule Change for • Review your schedule on My.Wartburg > Academics 1 | | - |
| Fall T | erm (year) | | |
| Drop | Department / Course # & Section / Title | Add | Department / Course # & Section / Title |
| | | # | |
| Winte | er Term (year) | | |
| Drop | Department / Course # & Section / Title | Add | Department / Course # & Section / Title |
| | | # | |
| May 1 | Term / Summer Term (year) | _ | |
| Drop | Department / Course # & Section / Title | Add | Department / Course # & Section / Title |
| | | | |
| Ве | eginning on the fourth day of the term, advisor and | d instructor(s) si | ignatures are required to drop or add a course. |
| Advisor Signature | | | Date |
| Instructor(s) Signature | | | Date |
| | | | Date |

To request to audit a course, send an email to the Registrar's Office at Regoffice@wartburg.edu Identify the term (Fall, Winter, or May) and Department / Course # / Course Title.

OFFICE USE