North Idaho College Schedule Change Form
_____ Semester

Student No. _____ Name _____
Last First Middle Initial

COURSES DROPPED			
Dept.	Course No.	Sec. No.	Credits (Audit – enter AU)

COURSES ADDED			
Dept.	Course No.	Sec. No.	Credits (Audit – enter AU)

Student's Signature _____ Date _____

High School Counselor's/Advisor's Signature (if required) _____ Date _____

Division Chair's Signature (if required) _____ Date _____

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