



Office of the Registrar

Bryant University, 1150 Douglas Pike, MRC 1400

Smithfield, Rhode Island 02917

<https://info.bryant.edu/registrar>

Phone: (401)232-6080 Fax: (401)232-6065

Schedule Adjustment Form

Student Name: _____ Student ID: _____

Please check one: I am in an Graduate Part-Time Program Graduate Full-Time Study Program

(Please check if applicable): I am an Athlete International Student

You may make all your schedule adjustments on one form.

The Drop Period is the first 2 weeks of each term. The Withdrawal Period lasts between week 2 and week 10 of each term.

<i>Drop/Withdraw</i>							
CRN 4 Digits	Subject	Course	Section	Course Title	Instructor's Name (Please Print)	Approving Signature	Date

It is the student's responsibility to make sure that he/she is registered in the proper courses. Do NOT assume that the instructor will drop/withdraw you from their class rosters. You must return this form to the Registrar Office for processing. Please note: I am aware that withdrawing from a course may affect financial aid, health care benefits, registration status and/or NCAA standing

Student Signature: _____ **Date:** _____

The Office of the Registrar recognizes a typewritten signature for authorization when processed through your Bryant University email account.

Director's Signature : _____ **Date:** _____