



HENRY B. FERNANDEZ INSTITUTE FOR BIBLICAL STUDIES
Schedule Change Form

Student Name: _____ **Student ID#:** _____

Date of Change: _____ **Semester:** _____

DROP

	Course Title	Credit	Day/Time	Instructor's Signature

ADD

Course #	Course Title	Credit	Day/Time	Instructor's Signature

Student's Signature: _____ **Date:** _____

Registrar's Signature: _____ **Date:** _____