
Permission to Add or Drop Courses

_____ has my permission to make the following
Student Name

schedule changes for:

(circle one) Fall Term I Fall Term II J-Term
 Spring Term I Spring Term II Summer Term I Summer Term II

ADD: Course Title _____

ADD: Course Title _____

DROP: Course Title _____

DROP: Course Title _____

Advisor's Signature

Date

Please Note: Schedule change requests are considered to be in effect ONLY when received by the NHTS Registrar. The date this completed form is received will be the basis for determining when a schedule change request is effective. Requests communicated orally or by phone or e-mail must also be documented with this form. Any refund will be determined as outlined by the Catalog of the current academic year. If you have any questions, contact the NHTS offices at 503.588.4344 or see your advisor.