Viticulture and Enology Science and Technology Alliance

Change of Schedule Form

Indicate semester and year of registration: _____Spring _____Summer _____Fall Year_____

_____

NAME: Last First Middle Initial

✓	Add/Drop +/–	Course Code	Course Number	Section Number	Credit Hours
1					
2					
3					
4					
5					
6					

_____ _____
Student's Signature Date

_____ _____
VESTA Project Director Signature Date

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For Office Use Only

_____ _____
Processed By Date

Total Hours _____

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