

OHIO CHRISTIAN  
UNIVERSITY

Trailblazer Academy  
Change of Schedule Form

Student Name: \_\_\_\_\_ Date: \_\_\_\_\_

**CLASSES TO BE ADDED**

Course #	Name of Course	Period (campus)	Credit hours	Semester (summer/fall/spring)

**CLASSES TO BE DROPPED**

Course #	Name of Course	Period (campus)	Credit hours	Semester (summer/fall/spring)

**ENROLLMENT WITHDRAW**

Date of Last Attendance: \_\_\_\_\_

Reason for Withdraw: \_\_\_\_\_

**\*ALL SIGNATURES ARE REQUIRED FOR THIS SCHEDULE REQUEST TO BE PROCESSED\***

School Counselor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent / Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_