



SCHEDULE CHANGE REQUEST

Blue Mountain Community College
2411 NW Carden, P.O. Box 100
Pendleton, OR 97801
(541)278-5885 Fax
studentrecords@bluecc.edu

- Students under the age of 16 must have a parent signature to **ADD** a course/s.
- **Unsigned or incomplete forms will not be processed.**

SELECT TERM AND INDICATE YEAR OF ENROLLMENT *Example:* 2017 Fall

_____ **Fall** (Sep-Dec) _____ **Winter** (Jan-Mar) _____ **Spring** (Apr-Jun) _____ **Summer** (Jun-Aug)

BMCC ID _____ - _____ **Last Name** _____ **First Name** _____

INDICATE BELOW COURSE/S TO BE ADDED TO YOUR SCHEDULE.

Example: Course ID: WR121 Sec # 06 Course Title English Composition Cr. Hrs 4

Course ID	Sec #	Course Title	Cr. Hrs.	Instructor's Signature (If required)

By signing below, I hereby understand and consent to: be registered for the courses indicated above; and understand and agree that students, parents, or legal guardians will be responsible to pay all charges (including collection costs) incurred if the non-paid tuition and fees are referred to an outside collection agency.

Student Signature _____ **Date** ____/____/20____

Parent Signature (required if student is under 16) _____ **Date** ____/____/20____

INDICATE BELOW COURSE/S TO BE DROPPED OR WITHDRAWN FROM YOUR SCHEDULE.

NOTE: Courses are considered "dropped" when processed during the 100% refund period for that course.

Course ID	Sec #	Course Title

COMPLETE DROP/ WITHDRAW

MARK THIS BOX IF YOU WOULD LIKE US TO DROP/WITHDRAW YOU FROM ALL OF YOUR COURSE/S FOR THE TERM AND YEAR INDICATED ABOVE.

By signing below, I hereby understand and consent to: be dropped/withdrawn from courses listed above; and understand and agree that students, parents, or legal guardians will be responsible to pay all charges (including collection costs) incurred if the non-paid tuition and fees are referred to an outside collection agency.

Student Signature _____ **Date** ____/____/20____