



SCHEDULE ADJUSTMENT REQUEST

Camper's R-Number: _____	Camper's Name: _____
Parent/Guardian Name: _____	Day Phone Number: _____
Parent E-mail Address: _____	Request Submission Date: _____
	Date Office Completed: _____

We make every attempt to accommodate requests for schedule adjustments. Requests must be presented in writing or in person. This form may be emailed to rstone@rollins.edu or faxed to 407-646-2103.

- Schedule adjustments for **Session A** will be accepted during business hours (8:30am - 5:00pm) on **Monday, June 14** and **Tuesday, June 15**.
- Schedule adjustments for **Session B** will be accepted during business hours (8:30am - 5:00pm) on **Monday, July 12** and **Tuesday, July 13**.
- *All schedule adjustments will be effective Wednesday morning (June 16 and/or July 14).*
- **NOTE:** The first schedule adjustment (per camper) is complimentary. Additional adjustments will incur a \$25 administrative fee per adjustment. (This fee does not apply to schedule adjustments from Wait Lists.)

DROP

ADD

Time	CRN	Course Title	Time	CRN	Course Title

Note: Rollins College reserves the right to add, cancel or change courses based on student enrollment levels and space availability. Adjustment fees may apply.