



LAWRENCEVILLE | ALPHARETTA-NORTH FULTON

GTC Schedule Correction Form (Swap Form)

Important – Students, please read below:

- **Download** this form before filling it out and **save** it before sending it back as an attachment.
- Remember to:
 - Verify an open seat is available in the course(es) being added
 - Swapped courses must be of **equal** credit hours
 - Confirm start and ends dates for the course as well as campus location
- Form must be emailed to EnrollmentSupportCenter@GwinnettTech.edu from the student’s **GTC email account**

Spring Summer Fall or Mini-Mester C 20_____

Enrollment Staff Signature: _____

Student Information

Student Name: _____

Student Number _____ **Phone:** _____

Are you receiving financial aid? Y / N

Courses Added - Coded RE for Add

Added-CRN# _____ Course # and Title _____ # of Credits _____ Student Initial _____

Added-CRN# _____ Course # and Title _____ # of Credits _____ Student Initial _____

Added-CRN# _____ Course # and Title _____ # of Credits _____ Student Initial _____

Courses Dropped- DD for drops

Deleted-CRN# _____ Course # and Title _____ # of Credits _____ Student Initial _____

Deleted-CRN# _____ Course # and Title _____ # of Credits _____ Student Initial _____

Deleted-CRN# _____ Course # and Title _____ # of Credits _____ Student Initial _____

Initial by each statement for acknowledgement:

_____ I understand that I am responsible for paying for these added classes or verifying financial aid or third party payment for these classes.

_____ I understand that addition of course(s) above is subject to space availability at the time of processing by the Registrar’s Office. If space is not available, course cannot be added and form will be returned to student.

_____ During final schedule correction time for term, classes swapped **must be equal credits**.

Student Signature: _____ **Date:** _____

Staff/Date Processed: _____