

GRADUATE STUDENT CHANGE OF REGISTRATION

Student ID No: _____ **Term/Year** _____

Name _____ **Date** ____/____/____
 (Please Print) Last First Middle

	Department Name	Course No	Section No	Hours Credit	Credit		
					G	UG	AUD
DROP							
CHANGE CREDIT				FROM: -----			Student's Signature*
				TO: -----			
CHANGE SECTION			FROM: -----				Instructor's Signature**
			TO: -----				
ADD							

My signature certifies that I have discussed my program for the current term with my academic advisor and that my registration reflects our agreement.