

GRADUATE STUDENT CHANGE OF REGISTRATION

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

Name: _____
(Last) (First) (Middle)

Date: ____/____/____

	CRN NO.	Department Name	Course No.	Section No.	Hours Credit	Credit		
						G	UG	AUD
DROP								
CHANGE CREDIT					FROM: -----			
					TO: -----			
CHANGE SECTION				FROM: -----				
				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.

Student Signature: _____

Instructor Signature: _____