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VHPHVWHU 5HIHU WR WKH LQVWUXFWLRQV EHZRZ RQ KRZ WR UHTXHVV D ZLWK

'HFLVLRQVJILRUVUDWLRQ DQG VFKHG XOH DGMXVWPHQWV EHZRQ GHGOLQHV DUH P
SURYLGH DQ H[SODQDWRQ EHZRZ DQG MXVWLILFDWRQ UHJDUGLQJ WKH UHJLVW
GRFXPHQDWRQ LV UHTXLUH G DQG VFRPSOHWH WKH WVMDEGHSDJH RQ DWHKLV IRUP ZLWK
UHJLVWUDWRQ DQG DGMXVWPHQW

v 3OHDVH UHIHU WR 6FKHG XOH DGMXVWPHQWV EHZRQ GHGOLQHV DUH DGMXV
DFWLRQV
v \$ZLWKGUDZDQV UHJLVWUDWRQ EHZRQ DGMXVWPHQWV EHZRQ GHGOLQHV DUH
SOHDVH UHJLVWUDWRQ :LWKGUDZDQV
v 7R UHTXHVV DWHKLV IRUP DGMXVWPHQW IRU D SUHYLRXV VHPHVWHU SOHDVH
3HWLWLRQYHU 5HJXODWRQ)RUP



Full Name (Last, First, Middle)

UID Number

Street Address

Department, Program and Area of Specialization

City, State, Zip

Degree Sought

(Area Code) Daytime Telephone Number

E-mail address

Explanation of registration/adjustment actions and justification reason(s):
(attach additional sheet if necessary)

Student Signature Date

Advisor's Signature Date

(Instructor's Signature (if appropriate) Date

Department Graduate Director's Signature Date

T Approved T Not Approved

Denial Note(s):

Associate Dean's Signature Date

Please fill in the appropriate information and check the appropriate spaces.

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_____ I have not registered for (semester) _____ (year) _____ and wish to register for the course(s) indicated below:

_____ I am registered for (semester) _____ (year) _____ and wish to adjust my schedule as indicated below (check all that apply):

(Action Code): _____ dd A _____ Drop _____ Change Credit Level _____ Change Grading Option
(A) (D) (C) (G)

Action Code	Course Prefix	Course Number	Suffix	Section Number	Grading Method	Credit Level
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