To be completed by the student:

Name: ___________________________ SID: ___________________________

Last First

Department: ________________________ Year of Study (current): __________

Term: ☐ Fall ☐ Spring Year: __________

Mailing Address:

Street: ________________________ City: __________ State: __________ Zip Code: __________

Email: __________________________ Phone: ( ) ______ -- ________

1. __________________________

Dept. # (e.g. HIST 500) CRN (5 digits) Course Instructor

Special Title of the Course (if applicable)

Please limit title to 24 characters, including blank spaces

Note: Abbreviate title as you would like it to appear on your transcript

2. __________________________

Dept. # (e.g. HIST 500) CRN (5 digits) Course Instructor

Special Title of the Course (if applicable)

Please limit title to 24 characters, including blank spaces

Note: Abbreviate title as you would like it to appear on your transcript

Student Signature __________________________ Date __________________________

To be completed by the Director of Graduate Studies:

I approve the course schedule change(s) indicated above.

_________________________________ Date __________________________

Director of Graduate Studies Signature __________________________

Upon completion, send form to the Graduate School Office of the Registrar, Hall of Graduate Studies (HGS), Room 113.