

REGISTRATION/SCHEDULE REVISION FORM

Please see the Undergraduate or Graduate Bulletin for registration policies

LAST NAME: FIRST NAME: TUID:
 COLLEGE/SCHOOL: SEMESTER: YEAR:

INITIAL REGISTRATION or ADD

CRN	Dept.	Course #	Section	Credits	UG or GR	Instructor's signature	Date
<input type="text"/>	_____	_____					
<input type="text"/>	_____	_____					
<input type="text"/>	_____	_____					
<input type="text"/>	_____	_____					
<input type="text"/>	_____	_____					
<input type="text"/>	_____	_____					

DROP REGISTRATION or WITHDRAWAL

CRN	Dept.	Course #	Section	Credits	UG or GR		
<input type="text"/>	<input type="checkbox"/> DROP	<input type="checkbox"/> WITHDRAWAL					
<input type="text"/>	<input type="checkbox"/> DROP	<input type="checkbox"/> WITHDRAWAL					
<input type="text"/>	<input type="checkbox"/> DROP	<input type="checkbox"/> WITHDRAWAL					
<input type="text"/>	<input type="checkbox"/> DROP	<input type="checkbox"/> WITHDRAWAL					
<input type="text"/>	<input type="checkbox"/> DROP	<input type="checkbox"/> WITHDRAWAL					
<input type="text"/>	<input type="checkbox"/> DROP	<input type="checkbox"/> WITHDRAWAL					

JUSTIFICATION/
REASON for
CHANGE
(REQUIRED)

Student's signature

Date

Advisor's signature

Date

Dean's/Designee's signature (if required)

Date

Processed by

Date