



Course Change Form (Add/Drop)

Student Information

Last Name, First Name _____ Date of Birth _____

ID: 2 Email: _____

School: Undergraduate GSAS IBS Heller

Registration Information

Term: Fall 20____ Spring 20____

Class (Subject/Catalog #/Section i.e. CHEM 18A Sec. 2): _____

- Drop Course
- Add Course with letter grade
- Add Course as Audit (***Graduate Students Only***)
- Change Grading Status to Audit (***Graduate Students Only***)

Student's Signature _____ Date _____

Required Signatures

Instructor's Name (please print)	Instructor's Signature	Date
Chair or Grad Advisor Name (Graduate Student Only)	Chair or Grad Advisor's Signature	Date
Other (If required)	Signature	Date

Registrar Office Staff	Signature	Date
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