

## Course Change Form (Add/Drop)

### Student Information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

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