



### Graduate Student Course Change Form

**Name:** \_\_\_\_\_ **I.D#:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Department or Program:** \_\_\_\_\_

**Term:** \_\_\_ Summer \_\_\_ Fall \_\_\_ Winter \_\_\_ Spring **Year:** \_\_\_\_\_

ADD or DROP Course (Circle below)	Course (enter Department and Course #)	Graduate Credit? (Select Yes of No) Advisor's and instructor's signatures confirm grade mode	Instructor's Signature
ADD      DROP		YES      NO	
ADD      DROP		YES      NO	
ADD      DROP		YES      NO	
ADD      DROP		YES      NO	
ADD      DROP		YES      NO	
ADD      DROP		YES      NO	

**Student's Signature:** \_\_\_\_\_

**Advisor's Signature:** \_\_\_\_\_