



DARTMOUTH

Guarini School of Graduate
and Advanced Studies

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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: _____