



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	

Student's Signature: _____

Advisor's Signature: _____