Change of Schedule

Registration	on & Transci	ripts · Administration Bu	ilding, Ro			3OX 21006	66 · Tu	cson, AZ 85721-0066	THE UNIV	
Student ID Number Last Name		er Net ID	Net ID		Semester (Term)				Website: http://www.registrar.arizona.edu/ Email: REG-reghelp@email.arizona.edu Phone: 520-621-3113	
		First N	First Name			MI	-		Form Instructions: www.registrar.arizona.edu/registration/changereg/onpaper.htm	
	NEW	/ drop/withdrawal po	licies in	effect	begin	ning Fall	2014.	. Review 2014-15 Acade	emic Catalog for more information	on
COURSE SUBJECT	COURSE NUMBER	SECTION AND (5-digit) CLASS NUMBER	UNITS	ADD	DROP	PASS/ A	AUDIT	GRADE of E or W For Graduate and Professional Students Only	INSTRUCTOR'S SIGNATURE	DATE Valid for 5 days from this date
PSY	290A	002-LEC(44209)	3	Х					Dr. Wilma Wildcat	Required Field
							, u			
							V			
*See you	r College	Dean for approval of	enrollm	ent o	er ma	ximum uı	nit loa	id of 19 units for Under	graduates and 18 units for Law	students.
I certify that I am responsible for any changes to my schedule and that I will verify the changes on UAcce Student Center. X Student's Signature Date								REGISTRAR Use Only Units: to		
		n Only* (see Dates and Dea	adlines for c	urrent se	mester at	4-1	-	a.edu/schedules/dates.htm)	Processed By:Dat	e:
X	g	, (Comments:	
Dean's Signature						Da	ate	B		
☐ Depa	artment Ap	tment Comments: proved Section Chang proved Section Chang								
Dept. Appr	over Print N	ame			De	ept. Approv	ver Sigi	nature	Date	