



YALE UNIVERSITY

GRADUATE SCHOOL OF ARTS AND SCIENCES

Course Schedule Change Notification Form

REGISTRAR

To be completed by the student (please save before printing):

Name: _____ SID: _____
Last First
Department: _____ Year of Study (current): _____
Term: ☐ Fall ☐ Spring Year: _____
Mailing Address: _____
Street City State Zip Code
Email: _____ Phone: () ____ -- _____

Please check only one option listed beneath each course you indicate.

1. _____
Dept. # (e.g. HIST 500) CRN (5 digits) Course Title Course Instructor
☐ Add for Credit ☐ Add for Audit ☐ Drop ☐ Switch from Credit to Audit ☐ Switch from Audit to Credit
2. _____
Dept. # CRN Course Title Course Instructor
☐ Add for Credit ☐ Add for Audit ☐ Drop ☐ Switch from Credit to Audit ☐ Switch from Audit to Credit
3. _____
Dept. # CRN Course Title Course Instructor
☐ Add for Credit ☐ Add for Audit ☐ Drop ☐ Switch from Credit to Audit ☐ Switch from Audit to Credit
4. _____
Dept. # CRN Course Title Course Instructor
☐ Add for Credit ☐ Add for Audit ☐ Drop ☐ Switch from Credit to Audit ☐ Switch from Audit to Credit
5. _____
Dept. # CRN Course Title Course Instructor
☐ Add for Credit ☐ Add for Audit ☐ Drop ☐ Switch from Credit to Audit ☐ Switch from Audit to Credit
6. _____
Dept. # CRN Course Title Course Instructor
☐ Add for Credit ☐ Add for Audit ☐ Drop ☐ Switch from Credit to Audit ☐ Switch from Audit to Credit

Student Signature _____ Date ~~Q~~ { ~~Da~~ D^ D

N.B.: FORMS SUBMITTED WITHOUT THE SIGNATURE OF THE DGS WILL NOT BE PROCESSED.

To be completed by the Director of Graduate Studies:

I approve the course schedule change(s) indicated above.

Signature of Director of Graduate Studies _____ Date ~~Q~~ { ~~Da~~ D^ D

After department approval, either (1) fax to 203-777-6101 or
(2) send to Graduate School Registrar, 246 Church Street, 3rd floor, New Haven, CT 06511