Office of the University Registrar Kutz 121, Mail Stop 068 Waltham, MA 02453-2728 Phone: (781) 736-2010 Email: registrar@brandeis.edu

## Course Change Form (Add/Drop)

Student Information							
Last Name	:	First Name:					
ID: <b>2</b>	E	mail:					
School	Undergraduate	GSAS	IBS	Heller			
	R	egistrati	on Inform	nation			
Term:	Fall 20 Spr			0			
Class (Subject/Catalog #/Section i.e. CHEM 18A Sec. 2):  □ Drop Course □ Add Course with letter grade □ Add Course as Audit ( <i>Graduate Students Only</i> ) □ Change Grading Status to Audit ( <i>Graduate Students Only</i> )							
Student's S	Signature		Date				
		Require	ed Signatı	ures			
Instructor's Name (please print)			Instructor's Signature		Date		
Chair or Grad Advisor Name (Graduate Student Only)		Chair or Grad Advisor's Signature			Date		
Other (If required)			Signature	Date			