

Course Change Form (Add/Drop)

Student Information

Last Name: _____ First Name: _____

ID: **2** _____ Email: _____

School Undergraduate GSAS IBS Heller

Registration Information

Term: Fall 20____ Spring 20____

Class (Subject/Catalog #/Section i.e. CHEM 18A Sec. 2): _____

- ☐ Drop Course
- ☐ Add Course with letter grade
- ☐ Add Course as Audit (**Graduate Students Only**)
- ☐ Change Grading Status to Audit (**Graduate Students Only**)

Student's Signature

Date

Required Signatures

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