



Please complete this form and turn it in to the *Graduate School Office, 118 Reynolda Village.*

_____ Last Name First Name Student ID#

Schedule changes will be honored as of the date this slip is filed in the Graduate School Office. All change forms must be on file with the appropriate signatures by 5:00 p.m. of the last day permitted.

Permission to withdraw from the University must be obtained from the Dean. DO NOT WITHDRAW VIA DROP SLIPS.

Term Credit Load After DROP ADD: _____

Course Title: _____ Dept. & Course Number _____

Instructor Name: _____ CRN _____

Mode: GRD AUD N/C S/U

Value: _____ Hours

Approval Signature of Instructor

Date

Approval Signature of Advisor

Date

Date Entered: _____