

**This form must be submitted to the Office of the University Registrar with a Registration Form or Schedule Change Request form.**

Date: \_\_\_\_\_

Term:    Fall \_\_\_\_    Spring \_\_\_\_    Summer I \_\_\_\_    Summer II \_\_\_\_    Summer 12-week \_\_\_\_   Year: \_\_\_\_\_

Student's Name: \_\_\_\_\_ Student ID Number: \_\_\_\_\_

Major: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Course Prefix: \_\_\_\_\_ Course Number: \_\_\_\_\_ Course Section: \_\_\_\_\_ Number of Credits: \_\_\_\_\_

Title of Course: \_\_\_\_\_

Section A = 3 credits
Section B = 6 credits
Section C = 1 credit
Section D = 2 credits
Section F = 4 credits

## Approval Signatures

Faculty Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Department Chair: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Associate V.P. Academic Affairs: \_\_\_\_\_ Date: \_\_\_\_\_