



SCHEDULE FORM for VISITING STUDENTS

Use this form to register, add, drop, withdraw, or change the grading option or degree level of a class.

Last Name _____ First Name _____ Middle _____ ID Number /Social Security Number _____ Date of Birth _____

Address _____ City/State _____ Zip Code _____ Phone # _____ Email Address _____

R - Register A - Add D- Drop C- Change W- Withdraw	Course Number	Title	Number of Credits	P/F AU	UG/GR Credit	Indicate below what special approval is being granted (withdrawal, over-enroll, waive pre-req, etc)	Signature for Special Approval (see box to left)
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***Total Number of Registered Credits** _____

I have read the University's tuition and fee and academic policies as published in both the Directory of Classes and the Undergraduate and Graduate Bulletins. I acknowledge such policies and my related obligations to the University as a result of this registration.

Student Signature _____

*** 17 ½ - 18 credits - Advisor Signature Required** _____
Advisor's Signature

*** 18 ½ + credits – Advisor and Dean's Signatures Required** _____ **and** _____
Advisor's Signature **Associate Dean's/ Dean's Signature**

Do Not Write Below This Line (Office Use Only)

Processed By: _____ Date: _____