



YALE UNIVERSITY

REGISTRAR

GRADUATE SCHOOL OF ARTS AND SCIENCES

Course Schedule Change Notification Form

To be completed by the student:

Name: Last First SID:

Department: Year of Study (current):

Term: Fall Spring Year:

Mailing Address: Street City State Zip Code

Email: Phone: () --

Please check only one option listed beneath each course you indicate.

1. Dept. # (e.g. HIST 500) CRN (5 digits) Course Title Course Instructor
Add for Credit Add for Audit Drop Switch from Credit to Audit Switch from Audit to Credit

2. Dept. # CRN Course Title Course Instructor
Add for Credit Add for Audit Drop Switch from Credit to Audit Switch from Audit to Credit

3. Dept. # CRN Course Title Course Instructor
Add for Credit Add for Audit Drop Switch from Credit to Audit Switch from Audit to Credit

4. Dept. # CRN Course Title Course Instructor
Add for Credit Add for Audit Drop Switch from Credit to Audit Switch from Audit to Credit

5. Dept. # CRN Course Title Course Instructor
Add for Credit Add for Audit Drop Switch from Credit to Audit Switch from Audit to Credit

6. Dept. # CRN Course Title Course Instructor
Add for Credit Add for Audit Drop Switch from Credit to Audit Switch from Audit to Credit

Student Signature Date

N.B.: FORMS SUBMITTED WITHOUT THE SIGNATURE OF THE DGS WILL NOT BE PROCESSED.

To be completed by the Director of Graduate Studies:

I approve the course schedule change(s) indicated above.

Signature of Director of Graduate Studies Date

Upon completion, send form to the Graduate School Office of the Registrar, Hall of Graduate Studies (HGS), Room 113.