



COLLEGE *and* GRADUATE SCHOOL
of ARTS & SCIENCES

COURSE ACTION FORM

Student Name _____ **University ID** _____
(9 digit # on ID)

Email _____ **Department** _____

Action Requested: Add Drop Change of Data

Reason for needing action:

- Course restricted
- Permission of instructor required
- Missed Deadline
- Course full
- Time Conflict

Instructor Signature (required)

Director of Graduate Studies

The Course Action Form is to be used only to make changes in your schedule that cannot be made by using SIS.

Use a separate form for each course. The second line can be used for a dependent discussion or lab connected with the primary course.

Class Number (5-digits)	Subject Area	Course # (4-digits)	Class Section	Course Title	# of Credits	Grade Option		
						CR/NC	Audit	Grade
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

With these changes, I will be enrolled for credits. Approval to go above the maximum or below the minimum allowed by my school requires the approval of the dean's office.