



# 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 (waive pre-req, over-enroll, etc)	Signature for Special Approval (see box to left)
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	- -						
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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: \_\_\_\_\_