



YALE UNIVERSITY

REGISTRAR

GRADUATE SCHOOL OF ARTS AND SCIENCES

Course Schedule Change Notification Form

To be completed by the student (please save before printing):

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

After department approval, either (1) fax to 203-777-6101 or
(2) send to Graduate School Registrar, 246 Church Street, 3rd floor, New Haven, CT 06511