

ENROLLMENT REQUEST FORM FOR GRADUATE STUDENTS
ENROLLING IN 100-200 LEVEL CLASSES

Semester: Summer Fall Spring _____ Year

Name _____ PID _____ Email _____

Your College _____ Class: Graduate Phone _____
Major/college

Add KIN _____ Sect# _____ Credits _____ Visitor? _____

I approve of this student enrolling in the course (s) listed above:

Advisor/Major Professor (required) _____ Date _____

Dept Chair Signature (required) _____ Date _____

Associate Dean of College (required) _____ Date _____

This form may not be used to drop courses after the middle of the semester. If you need to drop after the middle of the semester, you must obtain permission from your Assistant Dean. **It is your responsibility to verify your schedule for adds and drops.**

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