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TERM:	FALL	SPRING
	WINTER	SUMME

AME						А	CADEMIC YE	EAR:		
DDS, DROPS	S, & COU DRM IS F	IRSE WITHDRA	WS MUST BE	COMPLETED AR. REMEMBI	BY THE DATE	SPECIFIED IN THE SON ACADEMIC ( RESPONSIBILITY FOR SUBMITTING 1	CALENDAR. CH	ANGES WILL	NOT BE OFFICIAL J. BE SURE TO	
	ECESSA	RY PARTS AN	D OBTAIN NEC	ESSARY SIG	NATURES.					
	DIV	COURSE NUMBER	SECTION	GRADE METHOD	CREDITS	TITLE		Check if repeating course	Instructor Approv	
Example	NR	120.503	0101	G	3.0	Health Assessment I		1/	(EXAMPLE)	
1										
2										
3										
4										
5										
6										
4	DIV	COURSE NUMBER	SECTION	GRADE METHOD	CREDITS	TITLE	Drop or Withdraw (D/W)	Check if repeating course		
2										
3										
4										
5										
6										
Original Se	mester l	Hours A	diustment (+/-	) NEV	V SEMESTER	HOURS TOTAL	I	II.		
ŭ		·	•	•		riculum or plan of study change or o	sassa durina m	v Leave of Al	heence Lunderstar	
						my return or reapply for admission to				
•			,	,		, , , , , , , , , , , , , , , , , , , ,	, ,		GRADE METHOD G = Regular letter	
SIGNATUR	ES: Ac	ademic/Facul	tyAdviser:			Effective	Date:		grade	
Financial Aid (if on Aid or Scholarship):					Student Accounts:				AU = Audit P/F = Pass/Fail	
I have che	cked th	is form and th	e above cou	rse(s) is/are	listed correct	y.		'		
Ctudontio C	ianatur	e			D	ate				

REGISTRAR'S OFFICE: Received and reviewed by \_\_\_\_\_\_ Date Entered \_\_\_\_\_ Initials \_\_\_\_\_