UNIVERSITY OF DALLAS

BRANIFF GRADUATE SCHOOL OF LIBERAL ARTS

STUDENT REGISTRATION FORM

Name: last _____ first _____ middle _____ UD ID Number _____

Class: Master's, Doctoral, Special _____ Major _____

☐ FALL 20____
☐ SPRING 20____
☐ MAYTERM 20____
☐ SUMMER I 20____
☐ SUMMER II 20____

With your Program Director's advice and approval, fill in your schedule request below. (Program Director's *signature* must be obtained before coming to registration.) Include *all* course information. Indicate AUDIT courses with an X in the proper box.

	Department	Course Number	Section	Audit	Semester Hours	Course Title	Professor	Circle Days	Times	Bldg.	Room
1		8099/8V99				Doctoral Readings	Enter grad director's name	M T W T F			
2								M T W T F			
3								M T W T F			
4								M T W T F			
5								M T W T F			
6								M T W T F			

TOTAL _____

Program Director's Signature _____ Date _____

Graduate Dean's Signature _____ Date _____

Student's Signature _____ IPS Director's Signature (IPS Students Only) _____ Date _____