UNIVERSITY OF DALLAS
Change Request Course

College : _____

☐ Fall ☐ Spring ☐ Other _____

Phone: _____

UD ID Number

Last Name First Name Middle Name

DROP COURSE(S)				
CRN	Dept.	Course No.	Sec.	Title

ADD COURSE(S)					
CRN	Dept.	Course No.	Sec.	Title	☑ if AUDIT

A student may drop a class without record during the first two weeks of classes. (Students dropping all courses must complete a different withdrawal form and are subject to university refund policy.) A student may add a class during the published add-drop period. (Permission of the course instructor is required after the first week of the semester.)

Processed by:

Date:

_____ _____

Signature of Student Date

_____ _____

Approval Date

Y:\Registrar Documents\Forms, Signs, Labels\Add-drop form w CRN-2X.doc