

## YALE UNIVERSITY

## **GRADUATE SCHOOL OF ARTS AND SCIENCES**

## Course Schedule Change Notification Form

To be completed b	by the student	(please s	save before printing):	
Name:				SID:
Last Department				9 digits, starts with 9, see ID
Term: Fall				Voor of Study (current)
Email:	, 0			Year of Study (current)  Phone: () - ()
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Please check <u>only one</u> option listed beneath each course you indicate.				
1. Dept. # (e.g. HIST 50		•		Course Instructor
Add for Credit	Add for Audit	Drop	Switch from Credit to Audit	Switch from Audit to Credit
2 Dept. #	CRN	Cours	e Title	Course Instructor
Add for Credit	Add for Audit	Drop	Switch from Credit to Audit	Switch from Audit to Credit
3. Dept. # Add for Credit	CRN Add for Audit		e Title Switch from Credit to Audit	Course Instructor Switch from Audit to Credit
4.	/ tad for / tadit	Бтор	emion nom ereal to ridal	omen non / ducte oroug
Dept. # Add for Credit	CRN Add for Audit	Cours	e Title Switch from Credit to Audit	Course Instructor Switch from Audit to Credit
5. Dept. # Add for Credit	CRN Add for Audit	Cours	e Title Switch from Credit to Audit	Course Instructor Switch from Audit to Credit
Student Signature		1 2 2 1 1 2 2		Date & { BàåĐ^D
Log into SIS - Academics tab - choose Academic Record to check the status of the Course Schedule Change				
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 & { BaaD^D}				
			. 1/	
If submitted <i>prior</i> to the end of add/drop period (see academic calendar) send a PDF copy of the approved form to: registrar.gsas@yale.edu				
Dean's signature required if submitted after add/drop period closes:				
I approve the course schedule change(s) indicated above.				
Signature of Dean				Date Ç { BååĐ^D