

JOHNS HOPKINS UNIVERSITY
OFFICE OF THE REGISTRAR
GRADUATE COURSE CHANGE FORM

_____ Full Time

_____ Part Time

_____ Hopkins ID

_____ Date

_____ Last Name

_____ First

_____ Middle

_____ Department

_____ Fall Term

_____ Spring Term

20 _____

ADD TO REGISTRATION:

Course School	Course Dept.	Course No.	Section No.	Course Title	For Credit	For Audit

DROP FROM REGISTRATION:

CHANGE REGISTRATION:

Remarks: _____

_____ CHAIR OR ADVISOR'S NAME (Please Print)

_____ SIGNATURE OF CHAIR OR ADVISOR

APPROVALS: _____

S:\GRADUATEDESK\Add drop form.xls

Sean Sun, MechE Vice Chair

Christine Kavanagh, WSE Academic Affairs