

	Program	Degree Type	Student Number
FGS – 16			

Student Name (Last, First) _____

ADDED

Course Number	Section	CRN	CRN	Grade Mode	Term	Year	Comment

Voluntary Withdrawal from entire program effective: _____
(MM/DD/YYYY)

Unit/Department Comments

DROPPED (VW)

Course Number	Section	CRN	CRN	Grade Mode	Term	Year	Comment

FGS Comments

CHANGED

Course Number	Section	CRN	CRN	Grade Mode		Term	Year
				From	To		

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Registrar's Office Comments

SIGNATURES

DATE (MM/DD/YYYY)

Student _____

Department/Unit Head/Grad Chair _____

FGS _____

Registrar's Office _____
