

* **Type options:** **CR** = Credit; **AR** = Regular Audit; **AG** = AMBS Graduate Audit; **AS** = Student/Spouse Audit

Instructions

Please type or print the information and sign the form. Print the form and obtain your adviser's signature. Give the signed form to the registrar's office. If your adviser is not available, turn into the registrar's office, and we will forward it to the adviser for signature (to avoid undue delays).

Student ID _____ **Student Name** _____

Adviser _____ **Term and Year** _____

Dropped courses

<u>Course ID</u>	<u>Course Title</u>	<u>Professor(s)</u>	<u>* Type</u>	<u>Hours</u>

Added courses

<u>Course ID</u>	<u>Course Title</u>	<u>Professor(s)</u>	<u>* Type</u>	<u>Hours</u>

Student Signature _____ **Date** _____

Adviser Signature _____ **Date** _____

<i>For Registrar's Office only</i>			<i>Distribution:</i>
Total hours before	_____	_____	Business office
	Credit	Reg. Audit	Instructor drop
Total hours after	_____	_____	Instructor add
	Credit	Reg. Audit	Student
Processed (initials & date)	_____		