

NAME: \_\_\_\_\_  
Last
First
M.I.

STUDENT ID: \_\_\_\_\_

CURRENT ADDRESS: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

TELEPHONE #: \_\_\_\_\_

CHANGE(S) REQUESTED FOR:    YEAR \_\_\_\_\_     FALL     SPRING     1<sup>ST</sup> SUMMER SESSION     2<sup>ND</sup> SUMMER SESSION

SIGNATURES: \_\_\_\_\_  
Student

DATE: \_\_\_\_\_

\_\_\_\_\_  
 Director of Graduate Studies (If required)

DATE: \_\_\_\_\_

| COURSE(S) TO ADD    |                         |    |    |                         |    |                                    |
|---------------------|-------------------------|----|----|-------------------------|----|------------------------------------|
| COURSE <sup>1</sup> | GRADE TYPE <sup>2</sup> |    |    | CREDIT HRS <sup>3</sup> |    | INSTRUCTORS SIGNATURE <sup>4</sup> |
|                     | LT                      | AU | PF | HR                      | VC |                                    |
|                     |                         |    |    |                         |    |                                    |
|                     |                         |    |    |                         |    |                                    |
|                     |                         |    |    |                         |    |                                    |
|                     |                         |    |    |                         |    |                                    |
|                     |                         |    |    |                         |    |                                    |

| COURSE(S) TO DROP   |                         |    |    |
|---------------------|-------------------------|----|----|
| COURSE <sup>1</sup> | GRADE TYPE <sup>2</sup> |    |    |
|                     | LT                      | AU | PF |
|                     |                         |    |    |
|                     |                         |    |    |
|                     |                         |    |    |
|                     |                         |    |    |
|                     |                         |    |    |

**ADD/DROP INSTRUCTIONS:**

1. **COURSE:** List course prefix, number and section (e.g. ENG 507-001)
2. **GRADE TYPE:** Check either letter (LT), audit (AU) or pass-fail (PF) column
3. **CREDIT HRS:** List the number of hours in the HR column and check the VC column if the course you are requesting is for variable credit
4. **SIGNATURE:** An instructor's signature is required for 1) closed classes 2) requests made after the last day to register 3) time conflicts. A DGS signature is required for requests made after the last day to register.
5. **NOTIFICATION:** Fellowship recipients or TA/RA's must notify the Funding Office **immediately** of your change in registration (Gillis 203 or 257.3261). All students should check with the Student Billing Office regarding tuition and fee changes.

Return the completed form to The Graduate School, Room 202, The Gillis Building, University of Kentucky, Lexington, KY 40506-0033

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|--|
| APPROVED: <input type="checkbox"/> YES <input type="checkbox"/> NO       SIS ENTRY DATE: _____ |
|--|