

ACADEMIC SCHEDULE CHANGE REQUEST FORM



EASTMAN
SCHOOL OF MUSIC

UNIVERSITY OF ROCHESTER

OFFICE OF THE REGISTRAR
26 GIBBS STREET
ROCHESTER, NY 14604
PHONE: (585) 274-1220
FAX: (585) 232-8601

E-MAIL REGISTRAR@ESM.ROCHESTER.EDU

NAME: _____ UNIVERSITY ID#: _____

LEVEL: GRADUATE UNDERGRADUATE TERM: FALL SPRING SUMMER YEAR: 20 _____

ADD	DROP	AUDIT	CRN	SUBJECT	COURSE	CREDIT	INSTRC. PERMIS. CODE	INSTRUCTOR'S SIGNATURE
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
WITHDRAW FROM COURSE			CRN	SUBJECT	COURSE	CREDIT	GRADE	INSTRUCTOR'S SIGNATURE
WITHDRAW <input type="checkbox"/>							W - <input type="checkbox"/> OR F	
WITHDRAW <input type="checkbox"/>							W - P OR F	
WITHDRAW <input type="checkbox"/>							W - P OR F	
CREDIT OVERLOAD (Undergraduate Only)					CURRENT CREDITS	OVERLOAD CREDIT TOTAL	DEAN'S SIGNATURE	
PERMISSION TO OVERLOAD <input type="checkbox"/> YES <input type="checkbox"/> NO								

STUDENT SIGNATURE: _____ DATE: _____

OFFICE USE ONLY
INITIALS: _____
DATE: _____

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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
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