University of Rochester AS&E Graduate Studies Registration Form

Year [ ] ☐ Fall   ☐ Spring   ☐ Summer

NAME		STUDENT ID#	

Department / Program

Degree Program
Adv. Cert. ☐   Master's ☐   PhD ☐

Time Status
Full-time ☐   Part-time ☐   X-time ☐

Please identify all details for the courses you wish to add or drop. You may add or drop multiple courses using this form.

	Subject Area	Course #	Section #	Units	Audit (Y/N)	Abbreviated Title	Instructor's Name
ADD							
ADD							
ADD							
ADD							
DROP/W							
DROP/W							

Student Signature _____   **Date** _____

FOR ADMINISTRATIVE USE ONLY

Withdrew week # _____   Tuition refund, if applicable _____   Date Requested: _____

Comments:

Dept. Rep. Signature: _____   Date: _____

Student Address Information:

Street 1: _____

Street 2: _____

Town: _____ State: _____ Zip Code: _____ Country: _____