

Change of Schedule

Registration & Transcripts · Administration Building, Room 210 · PO BOX 210066 · Tucson, AZ 85721-0066



Website: <http://www.registrar.arizona.edu/>

Email: REG-reghelp@email.arizona.edu

Phone: 520-621-3113

Form Instructions:

www.registrar.arizona.edu/registration/changereg/onpaper.htm

Please use black or blue ink, NO PENCIL.

Student ID Number _____ Net ID _____ Semester (Term) _____

Last Name _____ First Name _____ MI _____

*****NEW drop/withdrawal policies in effect beginning Fall 2014. Review 2014-15 Academic Catalog for more information*****

COURSE SUBJECT	COURSE NUMBER	SECTION AND (5-digit) CLASS NUMBER	UNITS	ADD	DROP	PASS/ FAIL	AUDIT	GRADE of E or W For Graduate and Professional Students Only	INSTRUCTOR'S SIGNATURE	DATE Valid for 5 days from this date
PSY	290A	002-LEC(44209)	3	X					<i>Dr. Wilma Wildcat</i>	<i>Required Field</i>

*See your College Dean for approval of enrollment over maximum unit load of 19 units for Undergraduates and 17 units for Law students.

I certify that I am responsible for any changes to my schedule and that I will verify the changes on UAccess Student Center.

X _____
Student's Signature _____ Date _____

REGISTRAR Use Only

Units: _____ to _____

Processed By: _____ Date: _____

Comments:

For Late Registration Only* (see Dates and Deadlines for current semester at <http://registrar.arizona.edu/schedules/dates.htm>)

X _____
Dean's Signature _____ Date _____

Academic Department Comments:

Department Approved Section Change—student in wrong level

Department Approved Section Change—department error: Explain _____

Dept. Approver Print Name _____ Dept. Approver Signature _____ Date _____