

Change of Schedule

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

Please use black or blue ink, NO PENCIL.



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

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					Dr. Wilma Wildcat	Revised Fall

*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 _____

*For Late Registration Only** (see Dates and Deadlines for current semester at <http://registrar.arizona.edu/schedules/dates.htm>)
 X _____
 Dean's Signature _____ Date _____

REGISTRAR Use Only
 Units: _____ to _____
 Processed By: _____ Date: _____
 Comments:

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 _____