COURSE CHANGE FORM

جامعة أبوظبي
ABU DHABI UNIVERSITY

Student Data

FULL NAME:		
ID:	**COLLEGE:**	**DEPT./MAJOR:**
Semester/Term: Fall ☐ Winter ☐ Spring ☐ Summer [A] [B] [C]		**CAMPUS:** Abu Dhabi ☐ Al Ain ☐
HOME NUMBER:	**MOBILE NUMBER:**	**E-MAIL:**

Courses DROPPED from your class schedule

Course Title	Course Code	Section	Credit Hours	Permission (if required)	Registration Status

☐ Total Credit Hours

Courses ADDED to your class schedule

Course Title	Course Code	Section	Credit Hours	Permission (if required)	Registration Status

☐ Total Credit Hours

Authorization

Student's Signature:	Date:
Academic Advisor's Signature:	Date:
Dean's or Designate Approval (if required):	Date:

Registrar's Office Authorization

Received by:	Date:
Registration Operator:	Date:

Original: Student Yellow: Student's file Green: Advisor