



YALE UNIVERSITY

GRADUATE SCHOOL OF ARTS AND SCIENCES

Course Schedule Change Notification Form

To be completed by the student (please save before printing):

Name: Last First

SID: 9 digits, starts with 9, see ID

Department

Term: Fall Spring Year:

Year of Study (current)

Email:

Phone: ()-()-()

Please check only one option listed beneath each course you indicate.

- 1. Dept. # (e.g. HIST 500) CRN (5 digits) Course Title Course Instructor
Add for Credit Add for Audit Drop Switch from Credit to Audit Switch from Audit to Credit

Student Signature Date

Log into SIS - Academics tab - choose Academic Record to check the status of the Course Schedule Change

N.B.: FORMS SUBMITTED WITHOUT THE SIGNATURE OF THE DGS WILL NOT BE PROCESSED.

To be completed by the Director of Graduate Studies:

I approve the course schedule change(s) indicated above.

Signature of Director of Graduate Studies Date

If submitted prior to the end of add/drop period (see academic calendar) send a PDF copy of the approved form to: registrar.gsas@yale.edu

Dean's signature required if submitted after add/drop period closes:

I approve the course schedule change(s) indicated above.

Signature of Dean Date