

**JOHNS HOPKINS UNIVERSITY
OFFICE OF THE REGISTRAR**

GRADUATE COURSE CHANGE FORM

___ Full Time

___ Part Time

Student ID Number _____ Date _____

Last Name _____ First _____ Middle _____

Department _____ Fall Term _____ Spring Term 20 _____

ADD TO REGISTRATION:

| Course School | Course Dept. | Course No. | Section No. | Course Title | For Credit | For Audit |
|---------------|--------------|------------|-------------|----------------|------------|-----------|
| EN or AS | 3 digits | 3 digits | 2 digits | Name of course | Check one | |
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DROP FROM REGISTRATION:

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CHANGE REGISTRATION:

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REMARKS: _____

CHAIR OR ADVISOR'S NAME (Please Print)

SIGNATURE OF CHAIR OR ADVISOR