

DARTMOUTH COLLEGE

GRADUATE STUDENT COURSE CHANGE FORM

Name: _____

ID#: _____

Department or Program: _____

Date: _____

Term: ___SUMMER ___FALL ___WINTER ___SPRING Year: _____

ADD or DROP Course (Circle below)	Course (Enter Department and Course #)	Graduate Credit? (Select Yes or No) Advisor's and instructors signatures confirm grade mode	Instructor's Signature
ADD DROP		YES NO	
ADD DROP		YES NO	
ADD DROP		YES NO	
ADD DROP		YES NO	
ADD DROP		YES NO	
ADD DROP		YES NO	

Student's Signature: _____

Advisor's Signature: _____