

**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	

DROP FROM REGISTRATION:

CHANGE REGISTRATION:

REMARKS: _____

CHAIR OR ADVISOR'S NAME (Please Print)

SIGNATURE OF CHAIR OR ADVISOR