Carnegie Mellon University University Registrar's Office

SAO Director:

University Registrar's Office Phone: 412-268-8186 CMURegistrar@andrew.cmu.edu www.cmu.edu/hub

Course Add, Switch Section or Change Units Request Current Semester

This form is used for adding a course, switching sections, or changing the number of units for a course after the established add period and during the semester in which the course is offered. Students can check Student Information Online (SIO) to see if the appropriate schedule changes have been made.

Undergraduate students who add a course or switch a section after the established add period are required to obtain the permission of their academic advisor and their associate dean. Graduate students must have the permission of their academic advisor and department head.

STUDENT INFOR	MATION								
Student Andrew ID:									
Student Name: College:	Last/F	amily, First and/o				Class:			
Semester (check one):		Spring		Summer-All	Summer-1	Summe	:r-2	Year	
SPECIAL PERMIS	SION INF	ORMATIO	N						
lease check the approp	riate option:								
I wish to reques	st permission f	to add the fol	lowing cour	se(s):					
Course #	Section	Section Units Course Name				Instructor's	Instructor's Approval/Date		
tudent's reasons for add	ding course la	te:							
I wish to reques	st permission	to switch sect	ions for the	e following course	e(s):				
Course #	Old Section New Section U		Units	Units Course Name		Instructor's	Instructor's Approval/Date		
I wish to chang	e units for the	following co	ırse(s):						
Course #	Section				ourse Name		Instructor's Approval/Date		
Y	•	·							
SIGNATURES									
							Date:		
						Approve	. Date:	mm/dd/yyyy	
tudent Signature:						Deny	_ Date:	mm/dd/yyyy	
tudent Signature:				Signature		Deny Approve	Date:	mm/dd/yyyy	
tudent Signature: dvisor Name: ssociate Dean:		Print				Deny Approve Deny		mm/dd/yyyy	
dvisor Name: ssociate Dean: Indergraduate Students Only Department Head:	Type/F	Print Print		Signature Signature		Deny Approve	Date:	mm/dd/yyyy mm/dd/yyyy	
SIGNATURES Student Signature: Advisor Name: Associate Dean: Undergraduate Students Only Department Head: Graduate Students Only	Туре/Р	Print Print		Signature		Deny Approve Deny Approve	Date:	mm/dd/yyyy	
Advisor Name: Associate Dean: Andergraduate Students Only Department Head:	Type/F Type/F	Print Print Print		Signature Signature		Deny Approve Deny Approve	Date:	mm/dd/yyyy mm/dd/yyyy	

Tuition Adj. (if any):

Date: