

ACADEMIC SCHEDULE CHANGE REQUEST FORM



EASTMAN
SCHOOL OF MUSIC
UNIVERSITY of ROCHESTER

Office of the Registrar

26 Gibbs Street – Rochester, NY 14604
Phone: (585) 519-5857 – Fax: (585) 232-8601
E-Mail: registrar@esm.rochester.edu
Website: www.esm.rochester.edu/registrar

NAME		UNIVERSITY ID#	
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LEVEL	<input type="checkbox"/> GRADUATE	TERM	<input type="checkbox"/> FALL	<input type="checkbox"/> SPRING
	<input type="checkbox"/> UNDERGRADUATE		<input type="checkbox"/> SUMMER	YEAR: 20_____

ADD	DROP	AUDIT	TIME CONFLICT	SUBJECT	COURSE	SECTION	CREDIT	COURSE TITLE	INSTRUCTOR'S SIGNATURE
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						

WITHDRAW FROM COURSE				SUBJECT	COURSE	SECTION	CREDIT	GRADE	INSTRUCTOR'S SIGNATURE
WITHDRAW <input type="checkbox"/>								W - P OR F	
WITHDRAW <input type="checkbox"/>								W - P OR F	
WITHDRAW <input type="checkbox"/>								W - P OR F	

CREDIT OVERLOAD – Please visit the ESM Registrar’s website and click on Academic Forms and fill out the Credit Overload Permission Form

<p><i>Student Signature:</i> _____ <i>Date:</i> _____</p>	<p><i>Office Use Only</i></p> <p><i>Initials:</i> _____</p> <p><i>Date:</i> _____</p>
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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						

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