

UNIVERSITY OF DALLAS

BRANIFF GRADUATE SCHOOL OF LIBERAL ARTS

STUDENT REGISTRATION FORM

Name: last _____ first _____ middle _____ UD ID Number _____

 _____ Class: Master's, Doctoral, Special Major _____

FALL 20
 SPRING 20
 MAYTERM 20
 SUMMER I 20
 SUMMER II 20

With your Program Director's advice and approval, fill in your schedule request below. (Program Director's *signature* must be obtained before coming to registration.) Include *all* course information. Indicate AUDIT courses with an X in the proper box.

	Department	Course Number	Section	Audit	Semester Hours	Course Title	Professor	Circle Days	Times	Bldg.	Room
1								M T W T F			
2								M T W T F			
3								M T W T F			
4								M T W T F			
5								M T W T F			
6								M T W T F			

TOTAL _____

_____ Program Director's Signature

_____ Date

_____ Graduate Dean's Signature

_____ Date

_____ Student's Signature

_____ IPS Director's Signature (IPS Students Only)

_____ Date