

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