

**JOHNS HOPKINS UNIVERSITY  
OFFICE OF THE REGISTRAR**

**GRADUATE COURSE CHANGE FORM**

\_\_\_\_\_ Full Time

\_\_\_\_\_ Part Time

\_\_\_\_\_ Social Security Number

\_\_\_\_\_ Date

\_\_\_\_\_ Last Name

\_\_\_\_\_ First

\_\_\_\_\_ Middle

\_\_\_\_\_ Department

\_\_\_\_\_ Fall Term

\_\_\_\_\_ Spring Term

19\_\_

ADD TO REGISTRATION:

Course School	Course Dept.	Course No.	Section No.	COURSE TITLE	for CREDIT	for AUDIT

DROP FROM REGISTRATION:


CHANGE REGISTRATION:


REMARKS: \_\_\_\_\_

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CHAIR OR ADVISER'S NAME (PRINT)

SIGNATURE OF CHAIR OR ADVISER