

# Interdisciplinary Studies Revision Request Form

Student Name: \_\_\_\_\_ ID: \_\_\_\_\_

Area for Revision: \_\_\_\_\_

<u>Drop</u>	<u>Hrs</u>	<u>Add</u>	<u>Course Title</u>	<u>Hrs</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Area for Revision: \_\_\_\_\_

<u>Drop</u>	<u>Hrs</u>	<u>Add</u>	<u>Course Title</u>	<u>Hrs</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Area for Revision: \_\_\_\_\_

<u>Drop</u>	<u>Hrs</u>	<u>Add</u>	<u>Course Title</u>	<u>Hrs</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

\_\_\_\_\_  
Faculty Advisor Signature/Date

\_\_\_\_\_  
Student Signature/Date

<u>Registrar Office Use Only:</u> Date Approved: _____    Date Denied: _____
Signature: _____

**Submit to:**  
**Registrar's Office**  
**Academic Hall Room 057, MS3760**  
**registrar@semo.edu**