

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:
Academic Advising Center
Academic Hall Room 057, MS3700***