## Drop/Add Card – Change in Registration

**STUDENT ID:**  

**DATE:**  

**NAME:**  

<table>
<thead>
<tr>
<th>COURSES DROPPED</th>
<th>COURSES ADDED</th>
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<tbody>
<tr>
<td>DEPT</td>
<td>CRSE NO</td>
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**Total Credits Dropped**  

**Total Credits Added**  

**Total Credits After Change** ______

Dean’s approval for overload  

Adviser’s Signature  

After securing adviser’s signature, **RETURN THIS CARD ALONG WITH YOUR PROJECT PAPERWORK TO THE GRADUATE SCHOOL OFFICE.**
This form must be completed, signed by both the instructor and the program advisor, and returned to the Graduate School Office. Upon approval of the Dean of the Graduate School, copies will be distributed. Please note: This completed form does not constitute registration for this course. The student must turn in the registration form with the independent study form.

IMPORTANT NOTICE: Enrollment in Independent Study (595, 692, 695) requires prior completion of 12 credits of graduate level work. No more than 6 credit hours of Independent Study (595, 692, 695 or any mix thereof) may be used toward completion of a master’s degree program.

A copy of the project paper must be filed in the Graduate School Office upon completion.

DEPARTMENT: ____________________

DATE SUBMITTED: ____________________ STUDENT ID NUMBER: ____________________

1. NAME:
   LAST FIRST MIDDLE FORMER NAME

2. PRESENT ADDRESS:
   NUMBER AND STREET CITY, STATE, ZIP

3. HOME PHONE: ____________________ WORK PHONE NUMBER: ____________________
   EMAIL ADDRESS: ____________________

4. PROJECT IS TO BE UNDERTAKEN IN THE _______________ SEMESTER, 20___ NUMBER OF CREDITS ___________

I. Title of Project:
   __________________________________________________________

Title for Transcript: IS: ____________________ (limit 24 letters & spaces)

II. PROPOSED PROJECT

   Please submit a typewritten/double-spaced description on subject area(s), thesis, scope, particular approach, etc.

III. READING LIST

   On an additional attached sheet, in a typewritten format, list at least 5 major references (texts, monographs, articles, etc). References may include both primary and secondary source materials.

Instructor’s Name (Printed): ____________________ Date: ____________________
Instructor’s Approval Signature: ____________________ Date: ____________________
Program Advisor’s Approval Signature: ____________________ Date: ____________________
Graduate Dean’s Approval Signature: ____________________ Date: ____________________

PLEASE NOTE: Incomplete forms will not be processed.

cc: Registrar’s Office