

# 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