

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			
								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