

GRADUATE CLASS ADD/DROP FORM

- For more information please see section 5.2 of the Faculty of Graduate Studies Regulations.
- Completed form, with original signatures, must be sent to graduate.studies@dal.ca from a valid departmental email address.

NAME:	STUDENT NUMBER:
DEGREE/PROGRAM:	

ADD THE FOLLOWING CLASSES								
ACADEMIC YEAR	TERM F/W/S	CRN 5-DIGIT COURSE REFERENCE #	SUBJECT	CLASS NUMBER	SECTION	PROFESSOR/DEPARTMENT SIGNATURE	PRINTED NAME	DATE
2019/20	F	11674	ENGL	5000	01		Dr. John Smith	01-Sep-19

DROP THE FOLLOWING CLASSES									
ACADEMIC YEAR	TERM F/W/S	CRN 5-DIGIT COURSE REFERENCE #	SUBJECT	CLASS NUMBER	SECTION	PROFESSOR/DEPARTMENT SIGNATURE	PRINTED NAME	LAST DATE OF STUDENT PARTICIPATION	TODAY'S DATE

STUDENT'S SIGNATURE DATE

DEPARTMENT NOTES:

FOR FGS USE ONLY: