

COURSE CHANGE REQUEST

University of Texas at Arlington

UT Southwestern/UT Dallas

Date: _____ Semester: _____

MyMav ID No. _____ Program: _____

Name: _____
(Last) (First) (Middle)

Address: _____
(Street) (City) (State) (Zip)

Phone: _____ E-Mail: _____

Action Add/Drop:	Effective Date:	Course Number:	Course Name:	Topic:	HRS

Previous credit-hour load: _____ Present credit-hour load: _____

Signature of Student & Date	Signature of Advisor & Date
Processed by Office of the Registrar	Signature of Office of the Registrar & Date

For Office of the Registrar use Only:

Date sent to UTSW/UTD:

Date sent to UTA Student Accounts: