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	ENTER department	6099				Graduate Readings	ENTER grad director's name	M T W T F			
2	BRNM	6V99				Graduate Readings	ENTER grad director's name	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