

Interdisciplinary Studies Revision Request Form

Student Name: _____ ID: _____

Area for Revision: _____

<u>Add</u>	<u>Hrs</u>	<u>Drop</u>	<u>Hrs</u>
_____	---	_____	---
_____	---	_____	---
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_____	---	_____	---
_____	---	_____	---

Area for Revision: _____

<u>Add</u>	<u>Hrs</u>	<u>Drop</u>	<u>Hrs</u>
_____	---	_____	---
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Area for Revision: _____

<u>Add</u>	<u>Hrs</u>	<u>Drop</u>	<u>Hrs</u>
_____	---	_____	---
_____	---	_____	---
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Add'l comments:

Faculty Advisor Signature/Date

Student Signature/Date

***Submit to:
University Studies Advising Center
Academic Hall 317, Mail Stop 3850***

Registrar's Notes:

Date Approved: _____ Date Denied: _____

Date DAR entered: _____

Signature: _____