

**UNIVERSITY OF DALLAS**  
**BRANIFF GRADUATE SCHOOL OF LIBERAL ARTS**  
**STUDENT REGISTRATION FORM**

Name: last                      first                      middle                      UD ID Number

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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 approval 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								M T W T F			
2								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