BRYN MAWR COLLEGE
GRADUATE SCHOOL OF ARTS AND SCIENCES
CHANGE OF REGISTRATION

Name _____
Last First

Department _____

	SEMINAR OR COURSE	Semester and Year	Check One:
ADD:	_____	_____ _____	Credit ☐ Audit ☐
	_____		
	SEMINAR OR COURSE	Semester and Year	Check One:
DROP:	_____	_____ _____	Credit ☐ Audit ☐
	_____		

Approved: _____ Date _____
Signature of Chairman of Department

Approved: _____ Date _____
Signature of Supervisor of USW

Approved: _____ Date _____
Signature of Dean of the Graduate School
of Arts and Sciences