University
of San Diego
SCHOOL OF LAW

COURSE REGISTRATION / CHANGE FORM

Last Name: _____ **First Name:** _____ **Middle Initial:** _____ **Date:** _____

ID Number: _____ **Changing courses for:** ☐ Spring ☐ Summer ☐ Fall **Year:** _____

Action A=Add, U=Audit, W=Withdraw	CRN (Banner Ref #)	Course/Sect Code	Course Title	Professor	Credit

[For Clinic or Externship changes, secure Faculty Director's approval first: _____**]**

[For LATE Adds secure Professor approval. Printed Name: _____**]**

Signature: _____

Special Instructions/Notes: _____

Updated in database by: _____   **Approved by Assistant Dean:** _____