The University of Texas at Austin Department of Kinesiology & Health Education REQUEST TO ADD/DROP COURSE

Staff Initials:	
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Date:	Semester:	Fall	Spring	Summer 1/W/N	Summer 2	Year
Name:						
UT EID:	College Major:					
Student Signature:						
			<u>ADD</u>			
<u>Name</u>			Course Number	Unique Number	Circle On	<u>e:</u>
Class:					Credit/No	Credit -or- Grade
Instructor Signature:						
Class:					Credit/No	Credit -or- Grade
Instructor Signature:						
			DROP			
Class:						
Class:						