

PEABODY INSTITUTE OF THE JOHNS HOPKINS UNIVERSITY
CONSERVATORY OF MUSIC **OFFICE OF THE REGISTRAR**
SCHEDULE CHANGE REQUEST FORM

Fall 20 ____
 Spring 20 ____
 Summer 20 ____

 Last Name, First Name (_____) _____ _____
Student ID Date

Full Time Undergraduate DIP Special - if registering for courses other than consultation

Are you required to register full-time? Yes No

Part Time Graduate _____ Program/Major Year in Program: _____

Circle One:	Course Number					Sect.	Course Title	Instructor	# of Credits	Instructor or Department Chairperson's Signature
	Dpt.	Course								
Add Drop										
Add Drop										
Add Drop										
Add Drop										
Add Drop										
Add Drop										
Add Drop										

Office Use Only	<input type="radio"/> Charge \$	<input type="radio"/> No Charge	Approved by: _____	Date: _____	Late Return
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Holds may prevent registration in courses that are requested. Students are responsible for clearing holds prior to registration. Students are responsible for all charges incurred from course registration.

Student's signature: _____ Date: _____