



Graduate School of Management University of Dallas

Irving, Texas 75062 • Phone 972/721-5282 • Fax 972/721-5254

FORM 160	CHANGE DROP OR WITHDRAWAL
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STUDENT SHOULD FILL IN SHADED AREAS ONLY

NAME	COMPUTER ID NO. <input type="text"/>
Social Security No. _____	
Name _____	
first	last (family)
_____	_____
middle	

ADDRESS	
Local Address _____	
street	apt #

city	state
_____	zip
home phone	office phone
_____	_____

<input type="checkbox"/> Veterans benefits	<input type="checkbox"/> Financial aid	<input type="checkbox"/> Company voucher	<input type="checkbox"/> Installment plan
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CHECK ONE OF THE FOLLOWING THREE CATEGORIES

A COURSE REGISTRATION MAY BE CHANGED PRIOR TO THE TRIMESTER REGISTRATION DEADLINE. THERE IS A FEE REQUIRED FOR EACH COURSE CHANGE. PAID ___/___/___

<input type="checkbox"/> CHANGE -	FROM MGT. <input type="text"/>	<input type="text"/>	<input type="checkbox"/> AUDIT
	COURSE	SECTION	
	TO MGT. <input type="text"/>	<input type="text"/>	
	COURSE	SECTION	

A COURSE MAY BE DROPPED PRIOR TO THE FIRST DAY OF THE CLASS

<input type="checkbox"/> DROP -	CANCEL MY REGISTRATION FOR MGT.	
	<input type="text"/>	<input type="text"/>
	COURSE	SECTION

A STUDENT MAY WITHDRAW FROM A COURSE BETWEEN THE FIRST DAY OF CLASS AND THE 10TH WEEK OF THE TRIMESTER

<input type="checkbox"/> WITHDRAWAL -	FROM MGT. <input type="text"/>	<input type="text"/>	FINAL GRADE	TO BE COMPLETED BY PROFESSOR	
	COURSE	SECTION		<input type="checkbox"/> W <input type="checkbox"/> WP <input type="checkbox"/> WF	DATE ___/___/___
				Month Day Year	
				PROFESSOR'S SIGNATURE	

REASON FOR DROP/WITHDRAWAL: (ATTN: INTERNATIONAL STUDENTS – DROPS OR WITHDRAWALS MAY AFFECT IMMIGRATION. Please check with Foreign Student Advisor before turning in this form.) _____

Student Signature _____

Refunds will be processed approximately 30 days after classes begin.

DATE RECEIVED <input type="checkbox"/>	_____/_____/_____ MONTH DAY YEAR	STUDENT RECORDS ACCEPTED BY _____
PHONED IN <input type="checkbox"/>		
E-MAIL REQUEST <input type="checkbox"/>		

TO ACCOUNTING	REFUND (\$) _____	AUTHORIZED SIGNATURE _____
	BILL \$ _____	

COMMENTS: _____ _____ _____	COMPUTER INPUT
	DATE ___/___/___
	TERM ___/___
	LOCATION _____