

School of Graduate Studies

The University of North Carolina at Pembroke

Schedule Revision Form for Adding Course(s)

Directions: Please print, complete and return to the School of Graduate Studies.

Student Print Name: _____ Student ID Number: _____

Student's Signature: _____ Date: _____

Course(s) Prefix and Number	Section	Title of Course

Instructor's Signature: _____ Date: _____

Advisor's Signature: _____ Date: _____

Please return completed form to:

School of Graduate Studies
PO Box 1510
Pembroke, NC 28372-1510

Office Location: Lumbee Hall, Room 253