

(To be submitted to Graduate School Section)

Notification of Course Registration (for courses offered by other universities) (Semester)

Date of submission: ___(month)/___(dd)/_____ (yyyy)

Graduate School of Arts and Science

		Mon	Tue	Wed	Thu	Fri	Sat or Intensive
1	Course No.						
	Course Title (University name)						
	Course Instructor						
2	Course No.						
	Course Title (University name)						
	Course Instructor						
3	Course No.						
	Course Title (University name)						
	Course Instructor						
4	Course No.						
	Course Title (University name)						
	Course Instructor						
5	Course No.						
	Course Title (University name)						
	Course Instructor						
6	Course No.						
	Course Title (University name)						
	Course Instructor						

Head of Program	Head of Department	Academic Advisor

Address	T		
	TEL:	Email:	
Dept.	Student ID	Name	