PEABODY INSTITUTE OF THE JOHNS HOPKINS UNIVERSITY

CONSERVATORY OF MUSIC — OFFICE OF THE REGISTRAR

SCHEDULE CHANGE FORM

Fall 20____
Spring 20____

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

❍ Full Time ❍ Undergraduate
❍ Part Time ❍ Graduate

Year in Program _____ Visa Type (*International Students Only*) _____

Circle One:	Course Number						Sect.	Course Title	Instructor	# of Credits	Instructor Signature
	Dpt.			Course							
Add Drop											
Add Drop											
Add Drop											
Add Drop											
Add Drop											
Add Drop											
Add Drop											
Add Drop											

Office Use Only	❍ Charge $	❍ No Charge	Approved by:	Date:	Late Return