

ALL PLIES PRINT ALIKE



Standard Register ®



ZIPSET®

UNIVERSITY OF
ROCHESTER

S/F Course Selection Form

(See Undergraduate Bulletin for explanation of rules governing the Option)

NAME: _____

STUDENT ID #

| | | | | | | | | | | | | | | |
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CLASS YEAR: _____ MAJOR: _____ PHONE (day): _____ EMAIL: _____

I wish to elect the following course for the S/F Option: Fall _____ Spring _____

| Course Reference # | | | | | Subject Area | | | | Course | | | | Credit Hours | |
|--------------------|--|--|--|--|--------------|--|--|--|--------|--|--|--|--------------|--|
| | | | | | | | | | | | | | | |

Course Title

Student's Signature

Dean's Signature

Date Received

Note: Students in The College: Arts and Sciences should return this form to the Academic Services Counter in Lattimore 312 during the first four weeks of the semester. Students in the School of Engineering and Applied Sciences should return this form to the Dean's Office in Lattimore 306 during the first four weeks of the semester.

RC21003 (Rev. 8/04)

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