



# WILLIAM & MARY

## Graduate Arts & Sciences

### Request to Add a Course Form

Use this form to add a graduate course for graduate credit toward your graduate degree after the end of the add/drop period. Note that credit toward a graduate degree is not allowed for a course numbered below 500.

#### Instructions

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Signatures required before returning the form:

- Student
- Course instructor
- Director of Graduate Studies or Chair/Program Director of the student's graduate program.

Note: The Director of Graduate Studies may attach comments or reasons for the changes requested; for any retroactive changes (i.e., changes after the end of the semester or for a previous semester), the DGS *must* attach an explanation.

For timely processing please ensure that this form is completed correctly and is received by all necessary stakeholders (program administrators must receive a copy for tracking purposes). Please confirm that the correct email address is entered for each recipient. If you are unsure of correct contact information for any recipient, feel free to reach out to your program for assistance.

Deadline: Form is due before the last day of classes.

Use your W&M email account when submitting forms to the OGS.



# WILLIAM & MARY Graduate Arts & Sciences

OFFICE OF GRADUATE STUDIES  
Blow Memorial Hall (Suite 326), 262 Richmond Road  
757-221-1966 | dean-gsr@wm.edu

## Request to Add a Course

Student's Name: William Brown Banner ID #: 939999999

Dept/Program: History Degree:  M.A.  M.S.  M.P.P.  Ph.D.

Year: 2024 Semester:  Fall  Spring  Summer Grade Mode Standard

Course Title: Special Topics:History

Course CRN# 12345 Dept./Prog. HIST No. 715 Section: 01 Credits: 3

\_\_\_\_\_  
Student Signature Date

\_\_\_\_\_  
Course Instructor: Print Name | Signature Date

\_\_\_\_\_  
Director of Graduate Studies or Chair/Program Director: Print Name | Signature Date

<b>OGS:</b>	Student full-time after proposed add? <input type="checkbox"/> Yes <input type="checkbox"/> No	_____ Assistant Dean for Graduate Studies Signature	_____ Date
		_____ Graduate Registrar	