UNIVERSITY OF THE NORTH CAROLINA SCHOOL OF THE ARTS Office of the Registrar

STUDENT STATUS APPROVAL FORM

Student Name	Student ID No.
n the School of: Dance Design & Pro Filmmaking Music	oduction Drama
UndergraduateGraduate	
nereby request permission to: check one box and fill in all appropriate information of the change my status from full-time to part-time (for continue my part-time status change my classification (C1, C2, G1, etc.) from the change my classification (C1, C2, G1, etc.) from the change my classification (C1, C2, G1, etc.)	ewer than 12 credits; 9 for graduate students) m to
contact either TaWanna Archia or Ronit Weing	
This status is to take effect as of	ster and Year
l am requesting this because:	
Number of credits I will register for, if status is	s part-time:
Number of credits I will register for, if status is	
Number of credits I will register for, if status is Student's Signature	s part-time:
Number of credits I will register for, if status is Student's Signature App We, the undersigned, give our approval of the	roval
Number of credits I will register for, if status is Student's Signature	roval

It is the student's responsibility to bring this signed form to the Registrar's Office for processing.