



Department of Chemistry
 College of Natural Sciences
 and Mathematics

Adjustment to Initial Registration Form

Indicate Semester and Year for this request: _____

Complete all information and forward this form to your advisor for signature. Do not use e-verify signature. Upload the form once it has been approved to the drop folder (the link has been included on the advising session email. Check scanned document and be sure that the background is clear with no watermarks or in another color and it is straight with readable information prior to submission. Student must make official changes according to the timeline permitted by the University's [Academic calendar](#). All students are required to maintain 9 enrollment hours unless otherwise stated. The Program Chair will review your proposed request. Upon approval, the form will be emailed to you and you may adjust coursework accordingly on AccessUH. Official enrollment must reflect the approved request. A new form is needed for additional request(s).

Name: _____

MyUH ID: _____

UH-Email: _____

Advisor: _____

Phone: _____

Degree Objective: _____

Division: _____

Financial Support: _____

Semester & Year Started: _____ Number of Semesters Enrolled: Count only fall and spring _____

Indicate clearly the course (s) you wish to change in the correct table below.

List Current Course Load.

Item	Course Instructor	Course Name, Number, and Description	Class Number (5 digits)
1			
2			
3			
4			
5			
6			

Total enrollment credit hours: _____

List Course (s) to be added.

Item	Course Instructor	Course Name, Number, and Description	Class Number (5 digits)
1			
2			
3			
4			

Total credit hours be added: _____

List Course (s) to be removed.

Item	Course Instructor	Course Name, Number, and Description	Class Number (5 digits)
1			
2			
3			
4			

Total credit hours to be removed: _____

Student Signature: _____

Date: _____

Advisor Signature: _____

Date: _____

Program Chair Signature: _____

Date: _____

Program Chair's Comment: _____



Adjustment to Initial Registration Form

Indicate Semester and Year for this request: fall 2022

Complete all information and forward this form to your advisor for signature. Do not use e-verify signature. Upload the form once it has been approved to the drop folder (the link has been included on the advising session email. Check scanned document and be sure that the background is clear with no watermarks or in another color and it is straight with readable information prior to submission. Student must make official changes according to the timeline permitted by the University's [Academic calendar](#). All students are required to maintain 9 enrollment hours unless otherwise stated. The Program Chair will review your proposed request. Upon approval, the form will be emailed to you and you may adjust coursework accordingly on AccessUH. Official enrollment must reflect the approved request. A new form is needed for additional request(s).

Name: Jane doe

MyUH ID: 1234567

UH-Email: jdoe@central.uh.edu

Advisor: doe Jane

Phone: 1234567890

Degree Objective: Ph.D.

Division: Inorganic

Financial Support: TA

Semester & Year Started: Fall 2021 Number of Semesters Enrolled: Count only fall and spring 3

Indicate clearly the course (s) you wish to change in the correct table below.

List Current Course Load.

Item	Course Instructor	Course Name, Number, and Description	Class Number (5 digits)
1	Doe Jane	CHEM 6998-special problems	12345
2			
3			
4			
5			
6			

Total enrollment credit hours: 9

List Course (s) to be added.

Item	Course Instructor	Course Name, Number, and Description	Class Number (5 digits)
1	Doe Jane	CHEM 8998-Doctoral research	23456
2			
3			
4			

Total credit hours be added: 9

List Course (s) to be removed.

Item	Course Instructor	Course Name, Number, and Description	Class Number (5 digits)
1	Doe Jane	CHEM 6998-special problems	12345
2			
3			
4			

Total credit hours to be removed: 9

Student Signature: jane doe

Date: 08/10/2022

Advisor Signature: doe jane

Date: 08/12/2022

Program Chair Signature: _____

Date: _____

Program Chair's Comment: _____