

ADD/DROP FORM

Name: _____
Last First

Student's ID #: _____ / ____ / ____
Birth Date

PLEASE CHECK ONE:

ADD DROP WITHDRAWAL

FALL
 SPRING
 SUMMER

TERM:
 200 ____

CRN#	SUBJ	COURSE	SEQ	DAYS	TIMES	UNITS	INSTRUCTOR

PLACE FOUR DIGIT ADD CODE STICKER IN THIS BOX
(REQUIRED DURING FIRST THREE WEEKS OF INSTRUCTION)

DATE: _____

x _____
 INSTRUCTOR OR DEPARTMENT HEAD SIGNATURE *
(WHEN APPLICABLE DURING SEMESTER)

STUDENT'S SIGNATURE

ENTER MAJOR FIELD OF INTEREST

ENTER EDUCATIONAL GOAL

REFER TO C C S F
 TIME SCHEDULE FOR
 A LIST OF CODES.



COPIES: WHITE - REGISTRATION • CANARY - STUDENT • PINK - INSTRUCTOR

FOR OFFICE USE ONLY

RECEIVED OFF CAMPUS

BY: _____ DATE: _____

PROCESSED IN A&R OR REG CENTER

BY: _____ DATE: _____

NOTES:

The class request on this form has not been processed because of the following reasons.

- TIME CONFLICT
- OVER MAXIMUM UNITS
- HOLDS
- PREREQUISITE
- ACADEMIC STANDING
- NO CURRENT APPLICATION
- COURSE REPETITION
- DUPLICATE SECTION
- LINK ERRORS
- OTHER _____

* A SIGNATURE IS NOT REQUIRED TO DROP OR WITHDRAW FROM A CLASS.

IF YOU ARE ENROLLING IN EXCESS OF 17 UNITS, (7 IN SUMMER SEMESTER) AN ADDITIONAL FORM WITH A COUNSELOR'S SIGNATURE IS REQUIRED.