CITY COLLEGE OF SAN FRANCISCO

ADD/DROP FORM

Student Name:

Last **First** **Middle**

Student ID #: **Birth Date:**

PLEASE CHECK ONE:	
ADD ☐	**DROP / WITHDRAWAL** ☐

SEMESTER	
FALL	☐
SPRING	☐
SUMMER	☐

YEAR
20 _____

CRN#	SUBJECT	COURSE	SEQ	DAYS	TIMES	UNITS	INSTRUCTOR

INDICATE ADD CODE IN THIS BOX (REQUIRED DURING FIRST THREE WEEKS OF INSTRUCTION)	DATE:
INSTRUCTOR OR DEPARTMENT CHAIR'S SIGNATURE (IN LIEU OF ADD CODE):	**STUDENT'S SIGNATURE:**

Copies: White – Registration / Yellow – Student / Pink - Counselor

A&R Form – Rev. July 2016

FOR OFFICE USE ONLY

RECEIVED:

By: Date:

PROCESSED:

By: Date:

NOTES:

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

- ☐ **TIME CONFLICT**
- ☐ **OVER MAXIMUM UNITS**
- ☐ **HOLDS**
- ☐ **PREREQUISITES/CO-REQUISITES**
- ☐ **ACADEMIC STANDING**
- ☐ **NO CURRENT APPLICATION**
- ☐ **COURSE REPETITION**
- ☐ **DUPLICATE SECTION**
- ☐ **LAB/LINK ERRORS**
- ☐ **OTHER _____**

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

IF YOU ARE ENROLLING IN EXCESS OF 18 UNITS, (8 IN THE SUMMER SEMESTER), AN AUTHORIZATION TO TAKE OVER 18 UNITS OR OVER 8 UNITS FORM WITH A COUNSELOR'S SIGNATURE IS REQUIRED.