

Student Name:

Student ID #:

ADD 🗖

CRN#

PLEASE CHECK ONE:

SUBJECT

Last

CITY COLLEGE OF SAN FRANCISCO

Middle

SEMESTER

FALL

TIMES

SPRING

SUMMER

DATE:

STUDENT'S SIGNATURE:

UNITS

Birth Date:

ADD/DROP FORM

First

DROP / WITHDRAWAL

COURSE

SEQ

DAYS

FOR OFFICE USE ONLY	
RECEIVED:	
By:	Date:
PROCESSED:	
Ву:	Date:
1	NOTES:
	this form has not been use of the following
	AXIMUM UNITS UISITES/CO-REQUISITES IIC STANDING RENT APPLICATION REPETITION ITE SECTION C ERRORS
	NOT REQUIRED TO DROP RAW FROM A CLASS

IF YOU ARE ENROLLING IN EXCESS OF 18 UNITS, (9 IN
THE SUMMER SEMESTER), AN AUTHORIZATION TO
TAKE OVER 18 UNITS OR OVER 9 UNITS FORM WITH A
COUNSELOR'S SIGNATURE IS REQUIRED.

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

INSTRUCTOR OR DEPARTMENT CHAIR'S SIGNATURE:

A&R Form – Rev. June 2020

YEAR

20

INSTRUCTOR