

City College of San Francisco

NONCREDIT ADMISSIONS AND RECORDS

REQUEST FOR COURSE(S) ADD/DROP/REINSTATE FORM

Student Name (Please print clearly)						Student I.D.	
Last	Last F		rst Mid		dle		
Check Semester	:: □ Fall	□ Fall □ Spring □ Sur		Summer Year:		Birth Date	
OPTIONS:	1 - Add	2 - Drop	3 - Reinstate	Phone #:_		I	Smail:
OPTION	CRN		SUBJECT/COURSE			INSTRUCTOR'S SIGNATURE	
Student's Signature (required for Add only) Date Note: Instructor can submit the Drop or Reinstate without student's signature						Please submit form to: Noncredit Admissions & Records 50 Frida Kahlo Way, MUB 150, San Francisco, CA 94112 or any A&E Office at the Centers Email: nc_admit@ccsf.edu	
				FICE USE			
Received by:			Date:		Processed by:		Date:

Admissions & Records Form - Revised 5/2020