ADD/DROP FORM

Name:
Last: _____________________________ First: _____________________________

Student ID #: _____________________________ Birth Date: _____________________________

PLEASE CHECK ONE:
ADD [ ] DROP [ ] WITHDRAWAL [ ]

FALL [ ] SPRING [ ] SUMMER [ ]

TERM: 20 [ ]

CRN#  SUBJECT  COURSE  SEQ  DAYS  TIMES  UNITS  INSTRUCTOR

DATE: _____________________________

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

STUDENT'S SIGNATURE

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 REPEITION
☐ DUPLICATE SECTION
☐ LINK ERRORS
☐ OTHER _____________________________

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

COPY: WHITE / REGISTRATION * YELLOW / STUDENT * PINK / INSTRUCTOR

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