



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. (學生證號碼) _____

Last (姓) _____ First (名) _____ Middle _____

Check Semester: Fall Spring Summer Year: _____ Birth Date (生日) _____

OPTIONS: **1- Add 2- Drop 3- Reinstate** Phone #: _____ Email: _____
 電話號碼 電子郵件

OPTION	CRN	SUBJECT/COURSE	INSTRUCTOR'S SIGNATURE



 (簽名) Student's Signature (required for Add only) (日期) Date

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

Note: Instructor can submit the Drop or Reinstate without student's signature

OFFICE USE ONLY			
Received by:	Date:	Processed by:	Date: