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 **First** **Middle** __	
Check Semester: ☐ **Fall** ☐ **Spring** ☐ **Summer** Year: _____	**Birth Date**

OPTIONS: | 1 – Add | | 2 – Drop | | 3 - Reinstate |

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

Admissions & Records Form - Revised 5/2020