

			Semester of change: _____
Last Name	First Name	Student ID	

LATE ADD FEE: \$30 increase per week per course for forms received after the add deadline.
It is the student's responsibility to obtain all required signatures and submit the form directly to the Registrar's Office.

Courses to be ADDED					Check all that apply:						
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none;">Prerequisite Override</td> <td style="width:50%; border: none;">Enrollment Limit Override</td> </tr> <tr> <td style="border: none;">Instructor Permission Override</td> <td style="border: none;">Co-requisite Override</td> </tr> <tr> <td style="border: none;">Instructor Signature: _____</td> <td style="border: none;">Date: _____</td> </tr> </table>	Prerequisite Override	Enrollment Limit Override	Instructor Permission Override	Co-requisite Override	Instructor Signature: _____	Date: _____
Prerequisite Override	Enrollment Limit Override										
Instructor Permission Override	Co-requisite Override										
Instructor Signature: _____	Date: _____										
CRN	Dept/Number	Section	#Units	Course Title							
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____							
CRN	Dept/Number	Section	#Units	Course Title							
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____							
CRN	Dept/Number	Section	#Units	Course Title							

Courses to be DROPPED (FYS courses may NOT be dropped)						
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
CRN	Dept/Number	Section	#Units	Course Title	Instructor Signature	Date
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
CRN	Dept/Number	Section	#Units	Course Title	Instructor Signature	Date

Must complete a Late Drop Form after the drop deadline; see the academic calendar for exact date

Advisor and instructor signatures are REQUIRED after the online registration system has closed.		
Advisor Signature _____	Print Name _____	Date _____
Student Signature _____	Date _____	Rev Date 2-5-16