

ADD REQUEST FORM

Refer to the [Academic Calendar](#) or [Add/Drop Courses](#) for information on the last day to add a course.

Please complete form, sign, date, and obtain all required signature/s***

STUDENT ID#:	LAST NAME,	FIRST NAME,	MIDDLE NAME
7 7 0 0			
Student Signature:		Date: (MM/DD/YY)	
X			

By signing my name above, I confirm I am the individual.

DO YOU RECEIVE VETERAN EDUCATION BENEFITS? YES NO

TERM: SPRING SUMMER FALL and YEAR: _____

					Initial all that apply						
ADD	Course Subject/#	Course Title	Credits	CRN	*Advisor/ Instructor Approval	After Deadline	Co- Requisite	Pre- Requisite	Section Change	**Time Conflict	
	*** Advisor/Faculty Signature(s):										
	Additional comments:										
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Additional comments:											
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Additional comments:											

*A signature from either Faculty or Academic Advisor, as indicated in the class schedule listing, is required.

**Signatures from both Faculty of each class are required for time conflicts.

For Office Use Only

Initials: _____ Date: _____

SIGNATURE OF DIVISION/DEPARTMENT DIRECTOR

DATE