

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 AND OBTAIN REQUIRED SIGNATURE

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 that I am the individual.

DO YOU RECEIVE VETERAN EDUCATION BENEFITS? YES NO

SELECT A TERM: SPRING SUMMER FALL 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:								
	Advisor/Faculty Signature(s):									
	Additional comments:									
	Advisor/Faculty Signature(s):									
	Additional comments:									

*Signature of Faculty or Academic Advisor required.

**Signatures of both Faculty from each class required for Time conflicts

FOR OFFICE USE ONLY

Initials: _____ Date: _____

SIGNATURE OF DIVISION/DEPARTMENT DIRECTOR

DATE