



Add/Drop Registration Planning Form

Office Use Only:
B: _____
Admit Year: _____
Received by: _____
Received Date: _____
Student ID Verified: _____

Term: _____ Today's Date: _____ Student Identification Number

This is a new address and/or phone number. Please update my records.

B									
----------	--	--	--	--	--	--	--	--	--

Print Name: _____
Last First Middle

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____

Major: _____

Student Signature: _____

You must read and consent to the information on the back of this form prior to registration.

ACTION: A = Add D = Drop AU = Audit (additional form required)

Action Code	CRN	Course Subject	Course Number	Section	Course Title	Crd.	Days	Time
<i>Sample A</i>	<i>0000</i>	<i>ARTC</i>	<i>1300</i>	<i>70C</i>	<i>Drawing 1</i>	<i>3</i>	<i>M,W</i>	<i>3:00 p.m.</i>

***High School Guidance counselor signature is required for course drop.**

Counselor Print: _____ Signature: _____ Date: _____

INSTRUCTOR/DEPARTMENT CHAIR APPROVAL REQUIRED FOR EXCEPTIONS: Signed form must be provided to Advising within 1 week of approval or it becomes invalid. My signature represents approval of the following exceptions for this course:

- | | | |
|----------------------|-----------------------------------|----------------------|
| Pre-requisite waived | Course overload on closed classes | Late Add |
| Co-requisite waived | Other: Campus Associate Provost | Course Reinstatement |

INPUT BY:

Instructor Print: _____ Signature: _____ Date: _____

Department Chair Print: _____ Signature: _____ Date: _____

Associate Provost Print: _____ Signature: _____ Date: _____

