



Office of the National Registrar

### Add/Drop Request Form

*After registration is closed a "W" grade will appear on one's transcript.*

Campus		Major/Program	
Last Name		First	Middle
Phone Number ( )		Email Address	
Term/Year <input type="checkbox"/> Fall _____ <input type="checkbox"/> Spring _____ <input type="checkbox"/> Summer _____			

*I understand that this Add/Drop form is conditionally accepted by the College and that I am responsible for payment of applicable tuition and fees associated with the changes I am making.*

Student (Signature Required)	Date
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**COURSES TO BE ADDED:**

Dept	Course #	Section #	Course Title	Instructor	Units

**COURSES TO BE DROPPED:**

Dept	Course #	Section #	Course Title	Instructor	Units

Created 01/12

Registrar's Office Use Only
Processed by _____ Date _____