



Office of the National Registrar

Add/Drop Request Form

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

Registrar's Office Use Only
Processed by _____ Date _____