



Drop & Add Form

Registrar's Office

Date:
Choose Semester:
 Fall Spring Summer

STUDENT (print clearly)

Name: _____ **Date of Birth:** _____
Last, First, MI

Username –OR– Student Number: _____ **Phone Number:** () _____

Address _____ **City** _____ **State** _____ **Zip** _____

Add/Drop	CRN (e.g., 12345)	Course Number (e.g.; SAMP 101)	Reason?	Audit?	FOR DROP ONLY: Indicate NS if never attended.
<input type="checkbox"/> Add <input type="checkbox"/> Drop			<input type="checkbox"/> Schedule Adjustment <input type="checkbox"/> Section Switch <input type="checkbox"/> Late Enrollment Request <input type="checkbox"/> Reinstatement	<input type="checkbox"/>	
<input type="checkbox"/> Add <input type="checkbox"/> Drop			<input type="checkbox"/> Schedule Adjustment <input type="checkbox"/> Section Switch <input type="checkbox"/> Late Enrollment Request <input type="checkbox"/> Reinstatement	<input type="checkbox"/>	

By signing this form, I understand that approval of this request is dependent on seat availability, satisfaction of prerequisites, and college guidelines.

Student Signature: _____

INSTRUCTOR APPROVAL
 REQUIRED if class has started.

Signature: _____ Date: _____

Instructor Comments:
(Instructors are REQUIRED to provide a detailed explanation for approval for schedule adjustments after the first week of each part of the term –OR– for late registration any time during the semester.)

DEAN'S APPROVAL
 REQUIRED for schedule adjustments after the first week of each part of term –OR– for late registration any time during the semester.

Signature: _____ Date: _____

FOR INTERNAL USE ONLY (please print)

Registration Attempted in SFASTCA Seats Available Meets Prerequisites
 Registration Approved and Processed –OR– Registration Denied – Notes in SPACMNT

Processor Name: _____ Date: _____