



ADD/DROP COURSE REQUEST

TERM FALL WINTER SPRING SUMMER YEAR _____

STUDENT INFORMATION

Last Name First Name MI Student ID#

REASON (CHECK ALL THAT APPLY)

<input type="checkbox"/>	Overload petition approval. Requires counselor's signature. Approved to take _____ units Counselor Printed Name _____ Counselor Signature _____
<input type="checkbox"/>	Currently enrolled but will receive a grade of "D" or "F" this semester. Requires instructor's signature. Semester _____ Section# _____ Course Code _____ Instructor Printed Name _____ Instructor Signature _____
<input type="checkbox"/>	Change grading from pass/no pass option. Section # _____
<input type="checkbox"/>	Reinstate class, dropped in error. Requires instructor's signature. Semester _____ Section# _____ Course Code _____ Instructor Printed Name _____ Instructor Signature _____
<input type="checkbox"/>	Other: _____

LIST COURSES TO BE ADDED OR DROPPED

ADD	DROP	SECTION #	COURSE CODE	AUTHORIZED SIGNATURE (if required)	DATE

STUDENT STATEMENT

I give my permission to Admissions & Records to add or drop these courses in my class schedule. I understand my financial responsibilities regarding my class schedule and am held responsible for my own enrollment records.

Student Signature Date