

ADD Course AFTER Add/Drop Week

COURSE CHANGES FOR FALL SPRING SUMMER TERM 20____
 (Please Circle)

STUDENT'S NAME _____
 (Please print) Last First Student ID #

COURSES ADDED

CLASS NBR.	SUBJECT	CAT. NO. & SECTION	HRS.	COURSE TITLE	* PIN NBR

*As appropriate, the Dept. Chair may provide a pin number to a student

Instructor(s) signature/Date	
Department Chair signature/Date	
Academic Advisor signature/Date	

Students are responsible for obtaining all three signatures before returning form to the Registrar's Office (LH-103)

STUDENT'S SIGNATURE **DATE** **TOTAL HOURS AFTER CHANGE**

I ACKNOWLEDGE THAT I AM FINANCIALLY RESPONSIBLE FOR THE CHANGES IN THE EVENT OF ADDING CLASSES WHICH MAY EXCEED THE 18 HOUR LIMIT.