ADD Course AFTER Add/Drop Week

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

STUDENT’S NAME__________________________________________________
(Please print) Last First Student ID #

STUDENT’S NAME__________________________________________

COURSES ADDED

<table>
<thead>
<tr>
<th>CLASS NBR.</th>
<th>SUBJECT</th>
<th>CAT. NO.</th>
<th>HRS.</th>
<th>COURSE TITLE</th>
<th>* PIN NBR</th>
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*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

Student Success Center signature (KR-020)/Date
Student MUST obtain first 3 signatures above BEFORE SSC can approve & sign this form!

Students are responsible for obtaining all four signatures before returning form to the Registrar’s Office (KR-030)

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.