



SPECIAL REQUEST FOR COURSE ADD/DROP


FALL

SPRING

SUMMER

SELECT Student request for instructor approved ADD after add code deadline— limited time

ONE Instructor Initiated Drop Administrative Add/Drop



Banner ID # or SSN _____ Birth Date _____

Student Name _____ Phone # _____
(Last) (First)

Student Signature _____ Date _____

A
D
D
S

CRN	Course	Days/Time	Instructor Name	Instructor Signature verifying student has been attending prior to 1st census date
				I certify
				I certify
				I certify
				I certify
				I certify

D
R
O
P
S

CRN	Course	Days/Time	Instructor Name	OFFICE USE
				<p>_____</p> <p>Processed</p>