

***************************************	Change is for which session: Fall: Year:					
	Spring:					
÷	Cummore					

		ummer:							
I.D. #		NAME:					_ PHO	NE#:	
DATE:	SELEC	CT: FR	SOPH	JR	SR	GRAD			
2. ALL STU 3. ALL STU droppe a WP). 4. OVERLO signatu	MEN: As soon as y IDENTS: The profe IDENTS: The profe ed after the eight DADS: If you are r ure of your Depar TO DROP:	essor's signature i essor's signature i th week will be re registering for mo	is required fo is required fo ecorded as c	r any co r any co a WF (unl	urse adde urse drop less the pi	ed after the ped after th ofessor, aw	first week e eighth are of ext	week. NOTE: enuating circ	Any course cumstances, grants
Dept.	Course #	Section #	ection # Title		e of Course Pr		Prof. Signature		Last Date Attended
I WISH Dept.	TO ADD:	Section #	Ti	tle of C	ourse	U	nits	Prof.	Signature
	F UNITS BEFORE T	RANSACTION:		то	TAL # OF	UNITS AFTER	TRANSAC	TION:	
is lin I m que	e of Student By checking this I mited to 4 academ ust complete 15 ur arter units. I will crea ordinator to ensure	nits or more per ser ate a plan with my	o graduate in mester or the e academic/pa	ant funding 4 years, equivalent	g	sor's Signa	ture (Fresi	nman only)	Dat
RO		oval when boxes ar n: mber of units over Academic Probation	18)			an's Signat	ison:		Date
			OFFICE	USE ONLY	·				
DATE RE	ETURNED TO RO:	DA	ATE ENTERED IN	І СОМРИТ	ER:	VI	ERIFIED BY:		