

Request to Add or Drop Courses

I.D. # _____ NAME: _____ PHONE#: _____

DATE: _____ SELECT: FR SOPH JR SR GRAD ATHLETE

1. **FRESHMEN:** As soon as you have completed this form, see your Academic Advisor for counseling and signature.
2. **ALL STUDENTS:** The professor's signature is required for any course added after the first week.
3. **ALL STUDENTS:** The professor's signature is required for any course dropped after the eighth week. NOTE: Any course dropped after the eighth week will be recorded as a WF (unless the professor, aware of extenuating circumstances, grants a WP).
4. **OVERLOADS:** If you are registering for more than 18 units (or over 15 if on probation) you must secure the permission and signature of you Department Chair.
5. **STUDENT ATHLETES:** Athletics Department Signature is **required when dropping a class** after the first two weeks.

I WISH TO DROP:

Dept.	Course #	Section #	Term	Title of Course	Prof. Signature	Last Date Attended

I WISH TO ADD:

Dept.	Course #	Section #	Term	Title of Course	Units	Prof. Signature

TOTAL # OF UNITS BEFORE TRANSACTION: _____

TOTAL # OF UNITS AFTER TRANSACTION: _____

SIGNATURE OF STUDENT

By checking this box, I acknowledge that Cal Grant funding is limited to 4 academic years. In order to graduate in 4 years, I must complete 15 units or more per semester or the equivalent quarter units. I will create a plan with my academic/program coordinator to ensure i will graduate in 4 years.

ADVISOR'S SIGNATURE *(Freshman only)*
ATHLETICS DEPARTMENT SIGNATURE
DEPARTMENT CHAIR APPROVAL

RO assumes full approval when boxes are not checked.
Please indicate reason:

- Over 18 units (number of units over 18 _____)
- Over 15 units for Academic Probation student
- Pre-requisite Waived

DEAN'S SIGNATURE

Please indicate reason: _____

 **OFFICE USE ONLY**

DATE RETURNED TO RO: _____ DATE ENTERED IN COMPUTER: _____ VERIFIED BY: _____