

Change is for which session:
 Fall Spring Year _____
 Summer

Request to Add or Drop Courses

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

DATE: _____ **CIRCLE: FR SOPH JR SR GRAD**

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 12 if on probation) you must secure the permission and signature of your Department Chair.

I WISH TO DROP:

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

I WISH TO ADD:

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

TOTAL # OF UNITS BEFORE TRANSACTION: _____

TOTAL # OF UNITS AFTER TRANSACTION: _____

Signature of Student

Date

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 four years.

Advisor's Signature *(Freshman only)*

Date

Department Chair Approval

Date

RO assumes full approval when boxes are not checked

Please indicate reason:

- Over 18 units (number of units over 18 _____)
- Over 12 units for Probation Student
- Prerequisite Waived

Dean's Signature

Date

Please indicate reason:

----- **OFFICE USE ONLY** -----

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