

Semester/Year:      Fall \_\_\_\_\_      Spring \_\_\_\_\_      Summer \_\_\_\_\_

Student Name: \_\_\_\_\_ Student ID: F00 \_\_\_\_\_

**DROP**

Subject    Course #    CRN (ex: 11215)    Section (ex: 0, J, DCA)    # credits

Subject    Course #    CRN (ex: 11215)    Section (ex: 0, J, DCA)    # credits

**ADD**

Subject    Course #    CRN (ex: 11215)    Section (ex: 0, J, DCA)    # credits      Comments

Subject    Course #    CRN (ex: 11215)    Section (ex: 0, J, DCA)    # credits      Comments

**AUDIT**

Subject    Course #    CRN (ex: 11215)    Section (ex: 0, J, DCA)    # credits      Comments

Subject    Course #    CRN (ex: 11215)    Section (ex: 0, J, DCA)    # credits      Comments

Instructor Signature (if less than 1 week prior to course start): \_\_\_\_\_

Student Signature: \_\_\_\_\_

Processed by: \_\_\_\_\_

Date: \_\_\_\_\_

OFFICE USE  
ONLY

Date: \_\_\_\_\_