

COURSE CHANGE REQUEST

STUDENT'S NAME

STUDENT'S ID NUMBER

PRIMARY MAJOR

DATE

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ADD	'No-record' DROP	'W' DROP
_____ FALL 20 _____		
_____ SPRING 20 _____		
<input type="checkbox"/>	<input type="checkbox"/>	
SECTION CHANGE	CREDIT CHANGE	
<input type="checkbox"/>	<input type="checkbox"/>	
PASS/FAIL	AUDIT	

SUBJECT/DEPT

NUMBER

DESCRIPTIVE TITLE

CREDITS

LECTURE CLASS NO.

SECTION

RELATED1 (lab) CLASS NO.

SECTION

RELATED2 (disc) CLASS NO.

SECTION

Instructor Name if Independent Study: _____

STUDENT'S SIGNATURE

(When possible to secure)

INSTRUCTOR'S SIGNATURE

(Required to approve audits during the Add/Drop Period or **any** section or credit changes. Also required for 'W' drops **before** the Mid-Semester Date to show the instructor has been informed of the drop.)

ACADEMIC DEAN'S APPROVAL

(Required for any adds, audits & "no record" drops sought **after** the Add/Drop Period, and for any 'W' drop sought **after** the Mid-Semester Date.)

Dean's initials, if this add requires overload approval:
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