

ADD Course AFTER Add/Drop Week

COURSE CHANGES FOR FALL SPRING SUMMER TERM 20 _____

(Please Circle)

STUDENT'S NAME _____
 (Please Print) Last First Student ID #

COURSES ADDED

CLASS NBR.	SUBJ.	CAT. NO.	SECT.	HRS.	COURSE TITLE	* PIN NBR. (6 digits)

*As appropriate, the Dept. Chair may provide a pin number to a student.

1	Instructor(s) signature/Date	
2	Department Chair signature/Date	
3	Academic Advisor signature/Date	
4	Student Success Center signature (KC 012)/Date <small><i>Students MUST obtain first 3 signatures (Instructor, Chair & Advisor) BEFORE SSC can approve & sign this form!</i></small>	

Students are responsible for obtaining all four signatures before returning form to the Registrars Office (KN 224)

STUDENT'S SIGNATURE _____ DATE _____ TOTAL HOURS AFTER CHANGE _____

**I ACKNOWLEDGE THAT I AM FINANCIALLY RESPONSIBLE FOR THE CHANGES IN THE EVENT OF ADDING CLASSES
 WHICH MAY EXCEED THE 18 HOUR LIMIT.**

PROCESSED BY _____ DATE _____