

**ADD Course AFTER
 Add/Drop Week**

Please return completed form to the Office of the Registrar, LOWNIK 103

PART I COURSE CHANGES

To be completed by the student

Term 20 _____ Fall _____ Winter _____ Spring _____ Summer _____

Name _____ Student ID# _____
 (Print) Last First MI

COURSES ADDED

CLASS #	SUBJECT	CATALOG # & SECTION	HRS.	COURSE TITLE	PIN #*

**As appropriate, the Dept. Chair may provide a Pin Number to a student*

PART II Approvals/Signatures

At this time, all signatures, where required, must be hand-written on the form

Instructor(s) signature/Date	
Department Chair signature/Date	
Academic Advisor signature/Date	

Students are responsible for obtaining all three signatures before returning form to the Registrar's Office (LH-103)

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

 Student's Signature Date Total Hours after Change
At this time, all signatures, where required, must be hand-written on the form

PART III Processing

To be completed by the Office of the Registrar

 Date Processed Processor's Signature