



Office of the National Registrar  
**Add/Drop Request Form**

**After registration is closed a "W" grade will appear on one's transcript.**

Campus		Major/Program	
Last Name		First	Middle
Phone Number (    )	Email Address		
Term/Year <input type="checkbox"/> Fall _____ <input type="checkbox"/> Spring _____ <input type="checkbox"/> Summer _____			

***I understand that this Add/Drop form is conditionally accepted by the College and that I am responsible for payment of applicable tuition and fees associated with the changes I am making.***

Student (Signature Required)	Date
------------------------------	------

**COURSES TO BE ADDED:**

Dept	Course #	Section #	Course Title	Instructor	Units

**COURSES TO BE DROPPED:**

Dept	Course #	Section #	Course Title	Instructor	Units