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 Name: _________________________________________

Middle Name: _____________________  Phone Number: ________________________________

Email Address: ________________________________________________________________________

Term/Year: _________________________  Fall: ________  Spring: ________  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 #: ____  Instructor: ________________________________________

Course Title: __________________________________________________________ Units: __________

Dept.: ____  Course #: ___  Section #: ____  Instructor: ________________________________________

Course Title: __________________________________________________________ Units: __________

Courses to Be Dropped:

Dept.: ____  Course #: ___  Section #: ____  Instructor: ________________________________________

Course Title: __________________________________________________________ Units: __________

Dept.: ____  Course #: ___  Section #: ____  Instructor: ________________________________________

Course Title: __________________________________________________________ Units: __________