

Courses to be ADDED

Check all that apply:

CRN _____ Dept/Number _____ Section #Units _____ Course Title _____

Prerequisite Override
Instructor Permission Override

Enrollment Limit Override
Co-requisite Override

Instructor Signature: _____ Date: _____

CRN _____ Dept/Number _____ Section #Units _____ Course Title _____

Prerequisite Override

Enrollment Limit Override

CRN _____ Dept/Number _____ Section #Units _____ Course Title _____

Courses to be DROPPED () < 6 courses may NOT be dropped)

CRN _____ Dept/Number _____ Section #Units _____ Course Title _____ Instructor Signature _____ Date _____

CRN _____ Dept/Number _____ Section #Units _____ Course Title _____ Instructor Signature _____ Date _____

Must complete a Late Drop Form after the drop deadline; see the academic calendar for exact date

Advisor and instructor signatures are REQUIRED after the online registration system has closed.

Advis Hr Signature _____ Print Name _____ Date _____

Student Signature _____ Date _____