

Add/Drop Request

Revised 04/2013

Admissions and Records ☐ Marysville Campus □ Clear Lake Campus ☐ Sutter County Center □ Beale AFB Outreach For: ☐ Fall ☐ Spring ☐ Summer 20_____ PLEASE PRINT CLEARLY USING BLUE OR BLACK INK Student ID:_ Name: FIRST MIDDLE Must Add Within 7 days of Signature **CLASSES TO BE ADDED Instructor Signature & Date Class Code Course Title** Units Days Time Example: Example: Example: Example: Example: John Doe 1/9/13 0001 MATH 50 4 MW10:00-11:50 LATE ADD: Classes added AFTER the add deadline must have the instructor signature and first date of attendance. Date of first attendance: Instructor Signature: COUNSELOR USE ONLY: I have verified that this student is authorized for a unit overload of _____ total units. Counselor Signature/Date:____ **CLASSES TO BE DROPPED Class Code Course Title** Units Days Time Drop Reason (see list below) Example: Example: Example: Example: Example: Α 10:00-11:50 0001 MATH 50 4 TTH K -Could not afford books A -Change to another section of this class F -Course was too easy G -Course content more difficult than anticipated B -Change in work schedule L-Financial problems C -Failing class (D, F, or NP) H -Have changed college major O -Other (Please specify) _____ D -Enrolled in too many classes I -Must drop because of health reasons E -Dissatisfied with instructor J -Dropped because did not meet prerequisite Student Signature: Date:

Date Processed:

Received by:

FOR OFFICE USE ONLY: