



Add/Drop Request

Admissions and Records

Marysville Campus

Sutter County Campus

Beale AFB Outreach

PLEASE PRINT CLEARLY USING BLUE OR BLACK INK

For: Fall Spring Summer 20_____

Student ID: _____

Name: _____
LAST

FIRST

MIDDLE

CLASSES TO BE ADDED

Must Add Within 7 days of Attending Course

Class Code	Course Title	Units	Days	Time	Instructor Signature	Student First Date of Attendance
Example: 0001	Example: MATH 50	Example: 4	Example: MW	Example: 10:00-11:50	<i>John Doe</i>	8/19/19

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: 0001	Example: MATH 50	Example: 4	Example: TTH	Example: 10:00-11:50	A

- A -Change to another section of this class
- B -Change in work schedule
- C -Failing class (D, F, or NP)
- D -Enrolled in too many classes
- E -Dissatisfied with instructor

- F -Course was too easy
- G -Course content more difficult than anticipated
- H -Have changed college major
- I -Must drop because of health reasons
- J -Dropped because did not meet prerequisite

- K -Could not afford books
- L -Financial problems
- O -Other (Please specify) _____

Student Signature: _____

Date: _____

FOR OFFICE USE ONLY: Received by: _____ Date Processed: _____