

Admissions and Records 2088 North Beale Road, Marysville, CA 95901 Phone: (530) 741-6720 • Fax: (530) 741-6872

Email: YCAdmissions@yccd.edu

COURSE ADD/DROP REQUEST

Name:					Student ID#:	
inrollment Term:	O Fall O Spring O Su	ımmer Yea	ır:			
ADD CLASSES: (Cl	asses must be added w	ithin 7 days o	of the Fir	st Date of Attendar	nce):	
Course Code	Course Title	Credits	Days	Class Times	Instructor Signature	First Date of Attendance
Ex: ART-5-D9041	Art Appreciation	3	MW	9:00am-10:15am	E Dega s	9/12/22
Counselor Approva	l for Unit Overload:					
Total Units Approved: Counselor Signature:					Date:	
DROP CLASSES:						
Course Code	Course Title	Credits	Days	Class Times	Drop Reason (see list below)	
Ex: ART-5-D9045	Art Appreciation	3	MW	1:00pm-2:15pm	А	
Drop Reason: A - Change to anot B - Change in work	ther section of class	F - Course			K - Could not afford bo L - Financial problems	oks
C - Failing class (D, D - Enrolled in too E - Dissatisfied witl	H - Have ch	nanged co	ollege major health reasons	O - Other (please speci	fy):	
	n instructor	J - Did not	-	•	Date:	
OFFICE USE ONLY:	Processed by:		Date:			