Please use black or blue ink to complete this form

Student ID # ____________________________________________

Last Name ______________________________________________

First Name ______________________________________________

Phone # ________________________________________________

Signature ______________________________________________

Date ____________________________________________________

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This is a request to change course(s) registered for the following term:

Year 20 ______ Aug _______ Jan _______

Summer Session 1______ Summer Session 2 ______

Summer Full Term ______

Courses

<table>
<thead>
<tr>
<th>CRN</th>
<th>Drop (X)</th>
<th>Add (X)</th>
<th>Course – Department and # (ex. CMM 100)</th>
<th>Section #</th>
<th># of Credit Hours</th>
<th>Grading Option</th>
<th>Required Signature**</th>
<th>Date</th>
<th>Comments</th>
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Advisor Signature ______________________________________ Date__________

(Not required if adding a class during the first week of the add/drop period)

IEP Advisor Signature ________________________________ Date___________

(IEP Signature is required if you are graduating from IEP and registering in courses to begin your UG or GR program)

Dean’s Signature ____________________________ Date___________

*After ‘W’ Period  
*Registration over 18 hours  
*Grade Option Change after Add/Drop Period  
*Complete Withdrawal  
*Pre-requisite override for College of Arts and Sciences and Engineering

**Notes about Required Signatures

- Instructor Signature is required during the ‘W’ Period and after the Add/Drop Date
- Chairperson Signature is required if the class is Closed/Restricted, class has Permissions, or to override a Pre-requisite (if not Arts & Sciences or Engineering)