



CHANGE OF PROGRAM (ADD/DROP)
OFFICE OF ADMISSIONS AND RECORDS (WH 290)

FOR OFFICE USE ONLY

 PLACE DATE STAMP HERE

STUDENT ID: _____ SIGNATURE: _____

LAST NAME: _____ FIRST NAME: _____

PHONE NUMBER: _____ TERM: _____

LIST ALL COURSES YOU WISH TO ADD BELOW:

CRN	DEPT.	COURSE NO.	SECTION	UNITS	INSTRUCTOR SIGNATURE	DEPT. CHAIR'S SIGNATURE	DEAN'S SIGNATURE	DATE

LIST ALL COURSES YOU WISH TO DROP BELOW:

NOTE: DEPT. CHAIR APPROVAL IS REQUIRED TO DROP MAT 011, MAT 012, MAT 013, MAT 014, MAT 015, MAT 016, ENG 088, ENG 099

CRN	DEPT.	COURSE NO.	SECTION	UNITS	INSTRUCTOR SIGNATURE	DEPT. CHAIR'S SIGNATURE	DEAN'S SIGNATURE	DATE

EXCEEDING MAXIMUM UNIT LOAD

GPA: _____ CLASS STANDING: _____ # OF UNITS APPROVED _____

ADVISORS SIGNATURE: _____ DATE: _____

DEAN'S SIGNATURE: _____ DATE: _____