



# ADD/DROP REQUEST

Quarter	Year
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Student Number	Last Name	First Name	Middle Name	Date
Home Address	City	State	Zipcode	Area and Home Telephone Number
School and Degree Program	Advisor	Campus	E-Mail Address	<input type="checkbox"/> Home <input type="checkbox"/> Work

Check One

\*Grade Mode: Check one

ADD	DROP	5-DIGIT CRN	SEC	CATALOG NUMBER	COURSE TITLE	UNITS	GRADE *	PASS/FAIL *	AUDIT *	INSTRUCTOR

*The changes listed above accurately reflect my request in every detail* \_\_\_\_\_  
*STUDENT SIGNATURE*

OFFICE USE ONLY BELOW THIS LINE

Effective Date \_\_\_\_\_  Complete withdrawal this quarter?  Approved Petition Change

Processed on \_\_\_\_\_ Last Date of Attendance: \_\_\_\_\_ Audit Charge/Reason \_\_\_\_\_

By \_\_\_\_\_ Advisor Initials \_\_\_\_\_ 7/2005