

# STUDENT ADD FORM

\*This form is to be used for **ADDING** classes **ONLY**\*

**ATTENTION STUDENTS:** Students are responsible for any impact these changes may have on **financial aid, payment amount due, eligibility for graduation, GPA, etc.** Students with questions should consult with the Student Services Center and/or their adviser. **It is the student's responsibility to process this form with the Student Services Center in Simmons Hall.** All registration adds must be processed as of the end of business on the 15<sup>th</sup> day of the term.

Last Name:	First Name:	Student ID #:
Student Signature:		Date:
<b>By signing this form, the student indicates that he/she is responsible for any additional charges caused by a changed schedule.</b>		
TERM (check one): <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer    YEAR: ____		
CAREER (check one): <input type="checkbox"/> Undergraduate <input type="checkbox"/> Graduate <input type="checkbox"/> Law		

**WHEN TO USE THIS FORM:**

- Through the end of the first week of any term (or comparable dates for summer sessions):
  - See OVERRIDE CODES box below
- Beginning with the 8<sup>th</sup> day of the term through the end of business on the 15<sup>th</sup> day of the term (or comparable dates for summer sessions), the signatures required are:
  - (1) Instructor/Dept. Designee, (2) student's Advisor, and (3) student's College Dean.

**All added courses must be processed as of the end of business on the 15<sup>th</sup> day of the term**

Class Number <small>(REQUIRED)</small>	Course No. <small>(Subject #)(Catalog #)(Sec. #) <b>(REQUIRED)</b></small>	Course Title	Units	Grading <small>(CR/NC or Audit)</small>	Instructor/Dept. Designee's Signature, Extension and Date	Reason for Override **
75201	3400 492 001	Honors Project	....	....	....Example Only....	....

Adviser: \_\_\_\_\_ Ext: \_\_\_\_\_ Date: \_\_\_\_\_

Student's Dean: \_\_\_\_\_ Ext. \_\_\_\_\_ Date: \_\_\_\_\_

Graduate Dean: \_\_\_\_\_ Ext. \_\_\_\_\_ Date: \_\_\_\_\_

MUST BE PROCESSED BY (date): \_\_\_\_\_

COMMENTS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**\*\*OVERRIDE CODES:**

- 1 **Class is full** – Instructor/Dept. Designee signature
- 2 **Prerequisites have not been met/are not required** - Adviser or Chairperson signature where course resides
- 3 **Department consent** - Chairperson or Dean signature where course resides

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**OFFICE USE ONLY**

Processed by: \_\_\_\_\_

Date: \_\_\_\_\_