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 14th day of the term.

<table>
<thead>
<tr>
<th>Last Name:</th>
<th>First Name:</th>
<th>Student ID #:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

By signing this form, the student indicates that he/she is responsible for any additional charges caused by a changed schedule.

**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 8th day of the term through the end of business on the 14th 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.

**TERM (check one):**

- [ ] Fall
- [ ] Spring
- [ ] Summer

**YEAR:**

**CAREER (check one):**

- [ ] Undergraduate
- [ ] Graduate
- [ ] Law

**All added courses must be processed as of the end of business on the 14th day of the term**

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

**Adviser:** ____________________________  Ext: _______  Date: __________

**Student’s Dean:** ______________________  Ext. _______  Date: __________

**Graduate Dean:** ______________________  Ext. _______  Date: __________

**MUST BE PROCESSED BY (date):** ______________

**COMMENTS:**

________________________________________________________________________

________________________________________________________________________

09/11/17

**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

**OFFICE USE ONLY**

Processed by: __________________________

Date: _______________