

Semester
 Fall 20 _____
 Wintermester 20 _____
 Spring 20 _____
 Maymester 20 _____
 Summer 1/3 20 _____
 Summer 2 20 _____

 Print Name: _____
 Last First Middle

Student ID#: _____

Course(s) to be Added

	CRN #	Course ID/Section	Course Title	Day/Time
(✓)	1.			
	2.			
	3.			
	4.			
	5.			
	6.			
	7.			
	8.			
	9.			

(✓) Departmental/Dean Approval required. Some courses require additional approval. (Admissions or Advising will inform you when additional approval is needed.)

Course #	Course #	Course #
Permission Granted for _____ _____ _____ Instructor _____ _____ Department _____ _____ Dean & _____ Division Stamp	Permission Granted for _____ _____ _____ Instructor _____ _____ Department _____ _____ Dean & _____ Division Stamp	Permission Granted for _____ _____ _____ Instructor _____ _____ Department _____ _____ Dean & _____ Division Stamp

Student signature: _____ Date: _____

Advising Approval: _____ Date: _____

Staff signature: _____ Date: _____

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