

Enrollment Services Office Add/Drop Form

Last Name

First Name

Sem

Year

Student ID #

COURSES TO ADD

Student Complete

**Faculty/Advisor: Initial one or all
that apply**

Advisor Approval _____
(If Required)

Course ID	Credit Hrs.	Audit (No Grade)
<i>Example: LRNS-111-001</i>	<i>3</i>	<i>AU</i>

Override Pre-Req	Override Closed Class	Faculty Permission	Instructor Signature & Date (If Required) <small>Date required with Signature-Valid for 3 Business days</small>
<i>AB</i>	<i>AB</i>	<i>AB</i>	<i>Signature 1/2/34</i>

COURSES TO DROP

Course ID	Credit Hrs.

I request this change to my schedule at San Juan College and acknowledge my financial responsibility for this change

Signature

Date