Course Add, Switch Section or Change Units Request

Current Semester

This form is used for adding a course, switching sections, or changing the number of units for a course after the established add period and during the semester in which the course is offered. Students can check Student Information Online (SIO) to see if the appropriate schedule changes have been made. Undergraduate students who add a course or switch a section after the established add period are required to obtain the permission of their academic advisor and their associate dean. Graduate students must have the permission of their academic advisor and department head.

STUDENT INFORMATION

Student Andrew ID: ___________________________ or Student ID Card #: ___________________________

Student Name: ________________________________

College: ___________________  Department: ___________________  Class: ___________________

Semester (circle one):  Fall  Spring  Summer-All  Summer-1  Summer-2  Year _________

SPECIAL PERMISSION INFORMATION

Please check the appropriate option:

☐ I wish to request permission to add the following course(s):

<table>
<thead>
<tr>
<th>Course #</th>
<th>Section</th>
<th>Units</th>
<th>Course Name</th>
<th>Instructor’s Approval/Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

Student’s reasons for adding course late: ___________________________

☐ I wish to request permission to switch sections for the following course(s):

<table>
<thead>
<tr>
<th>Course #</th>
<th>Old Section</th>
<th>New Section</th>
<th>Units</th>
<th>Course Name</th>
<th>Instructor’s Approval/Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

☐ I wish to change units for the following course(s):

<table>
<thead>
<tr>
<th>Course #</th>
<th>Section</th>
<th>Old Units</th>
<th>New Units</th>
<th>Course Name</th>
<th>Instructor’s Approval/Date</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>

SIGNATURES

Student Signature: ___________________________  Date: __________

Advisor Name: ___________________________  Print ___________________________  Signature

☐ Approve  Date: __________

☐ Deny  Date: __________

Associate Dean: ___________________________  Print Name ___________________________  Signature

☐ Approve  Date: __________

☐ Deny  Date: __________

Department Head: ___________________________  Print Name ___________________________  Signature

☐ Approve  Date: __________

☐ Deny  Date: __________

University Registrar’s Office Use Only

Processed by: ___________________________  Date: __________

Student Account Office Review for Prior-Term Adjustment

SAO Director: ___________________________  Tuition Adj. (if any): __________  Date: __________