

# ADD SLIP (use to add courses to your registered schedule)

Term \_\_\_\_\_

\_\_\_\_\_  
Last Name First Name

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Student ID Number

CRN					Course Code	Course Number	Section	Credit Hrs.

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Instructor signature (required after first week of class)

Date

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Counselor/Advisor Signature (If needed)

\_\_\_\_\_  
Date

Students receiving financial assistance or veteran benefits should consult the Office of Student Financial Assistance BEFORE making changes.

This form must be returned to the OFFICE of ADMISSIONS and RECORDS within **TWO days** of instructor signature.

For Office Use Only  
Admissions Staff \_\_\_\_\_

Total Hours after Change \_\_\_\_\_

Date Completed \_\_\_\_\_