

Fall _____ Winter _____ Spring _____ Summer _____, 20____ _/____/____

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Last Name First Name Middle Initial Student Number

CLASS NUMBER (5 Digit Number)	SUBJECT & COURSE NUMBER (IE: ENG 100C)	UNITS (CREDITS)			
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INSTRUCTOR'S NAME (please print) *INSTRUCTOR'S SIGNATURE* DATE

• This form is for **“adds”** only. If you increase your credit hours you **must make payment immediately** to avoid a \$50.00 late fee.
 White-Registrar; Yellow-Student; Pink-Instructor

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