

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

Last Name	First Name	Middle Initial

Student Number	

COURSE NUMBER	SUBJECT & COURSE NUMBER (IE: ENG 100)	UNITS (CREDITS)

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**.
 If a payment isn't received a \$50.00 late fee can be assessed to the Student account, up to \$200.00 per semester.

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