CLASS ADD, DROP AND REFUND REQUEST FORM

Student's Name: ________________________________

ID#:__________________________________________

Street Address: ________________________________

City, State, Zip: ________________________________

Phone: ________________________________________

DROP

Class #_________ ______________________________ Fee _____ Unit _____
Course Title

Class #_________ ______________________________ Fee _____ Unit _____
Course Title

Justification: __________________________________

ADD

Class #_________ ______________________________ Fee _____ Unit _____
Course Title

Class #_________ ______________________________ Fee _____ Unit _____
Course Title

______________________________________________
Student Signature

Date

Semester/Year