

ENROLLMENT (ADD)/DROP REQUEST

(USE ONE FORM PER TERM)

NAME (LAST, FIRST, M.I.)	STUDENT IDENTIFICATION NUMBER
TERM: <input type="checkbox"/> FALL <input type="checkbox"/> WINTER <input type="checkbox"/> SPRING <input type="checkbox"/> SUMMER SESSION: <input type="checkbox"/> 3 WK. <input type="checkbox"/> 5 WK. <input type="checkbox"/> 8 WK. <input type="checkbox"/> 10 WK. <input type="checkbox"/> 12 WK. <input type="checkbox"/> OTHER	YEAR
STUDENT'S ACADEMIC CAREER <input type="checkbox"/> UNDERGRADUATE <input type="checkbox"/> GRADUATE	
WOULD YOU LIKE TO PURCHASE HEALTH INSURANCE? (SPRING & FALL ONLY) <input type="checkbox"/> YES <input type="checkbox"/> NO <small>(ONLY APPLIES TO FIRST ENROLLMENT EACH TERM--CONTACT FRONSKE HEALTH CENTER FOR INFORMATION)</small>	

	CLASS NUMBER	SUBJECT & CATLG NBR	SECTION	UNITS	PERMISSION NUMBER	SWAP WITH CLASS #
DROP						
ENROLL						

My signature below indicates that I have reviewed and understand the policies associated with enrolling for or dropping the courses required to complete my major, minor, liberal studies and other programs of study I may select. Whether I have consulted with an academic advisor or not, my signature indicates that I freely choose to enroll for these courses and that I assume full responsibility for my course selection and the resulting consequences and liabilities associated with my selection.

STUDENT SIGNATURE

DATE