



Course Request form (Add/Drop Classes)

Student ID	Student Name
Mobile	AURAK Email

Add a class Fall____ Spring____ Summer____

Course Number	Section	Days/ Time	Credits	Instructor Signature

Drop a class Fall____ Spring____ Summer____

Course Number	Section	Days/ Time	Credits	Instructor Signature

Student's Signature : _____ Date: _____

Advisor's Signature : _____ Date: _____

Please submit this form along with the completed signatures to the Department of Registrar

Received by: _____ Date: _____ Department of Registrar