

Student's Name: \_\_\_\_\_ Term/Year: \_\_\_\_\_

Student's G/I.D. Number: \_\_\_\_\_ Student's Phone: \_\_\_\_\_

_____	_____	_____	_____	_____
CRN	Department	Course Number	Section	# Credits

Student's Signature \_\_\_\_\_

1. Submit this form to the Office of the Registrar by the *end of the add period*.
2. It is the student's responsibility to verify enrollment via Patriotweb within 2 business days.
3. If the course is closed please contact the instructor of the course for permission to register.

Permission of Instructor Required (if closed\*):

\_\_\_\_\_ Date \_\_\_\_\_

Instructor's Signature

\*Please note some departments may have different capacity overload procedures. Please see the department for the policy.