

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

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Last Name First Name Middle Initial Student Number

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COURSE NUMBER	SUBJECT & COURSE NUMBER (IE: ENG 100)	UNITS (CREDITS)			
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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.
White-Registrar; Yellow-Student; Pink-Instructor

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