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Please Print

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ M.I. \_\_\_\_\_ CSU ID# \_\_\_\_\_

Today's Date \_\_\_\_ / \_\_\_\_ / 20\_\_\_\_ College of Study \_\_\_\_\_ ^ Graduate ^ Undergrad TERM YEAR: 20\_\_\_\_

Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_

^ Fall  
^ Spring  
^ Summer

Email Address \_\_\_\_\_

**Courses to be Added: (Please complete ALL boxes)**

| Class<br>Number | Credit<br>Hours | Subject / Number / Section | Instructor Signature ( mandatory if |
|-----------------|-----------------|----------------------------|-------------------------------------|
|-----------------|-----------------|----------------------------|-------------------------------------|