

# COURSE ADD/DROP FORM

**Instructions:** Complete form with all applicable information. Courses may be added through the 15th day of the semester. **Instructor's signature is required** after the 5th day of classes, when a course section is full, or when auditing a course. If Auditing course, mark "Y" in Audit box.

Please Print or Type

Student I.D. Number (A Number)		Name (Last, First, M.I.)	
Semester <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer	Academic Year (YYYY)	Today's Date (MM/DD/YYYY)	

**Courses to be ADDED**

**\*\*This form only valid within 3 business days of Instructor's Signature.**

CRN	Subj.	Course No.	Section No.	Credits	Instructor's Signature	Signature Date**	Audit

**Courses to be DROPPED**

CRN	Subj.	Course No.	Section No.	Credits		Audit

**Please Note:** Courses may be Dropped through the first 20 percent of course. Between the first 20 percent and the first 60 percent a "W" will appear on transcript. After 60 percent of course, please see the "Dropping Courses" academic policy in the *USU Schedule of Classes*.

USU Registrar's Office, 1600 Old Main Hill, Logan, UT 84322-1600, (435) 797-1116

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**PLEASE READ AND FOLLOW THE INSTRUCTIONS. THESE FORMS MAY BE USED SEPARATE OR TOGETHER. IN MANY INSTANCES BOTH FORMS ARE REQUIRED.**

# COURSE AUTHORIZATION FORM

REGISTRAR'S OFFICE

**Instructions:** Complete this form with all applicable information and obtain authorized signature(s). This form is used for course authorization for classes (with open seats) to override the following: 1. Prerequisites or Corequisites (the department over the course must authorize) 2. Requirements such as Advanced Standing or Minimum GPA Requirements (the college advisor or representative must authorize) **The course instructor's signature is also needed on an ADD/DROP FORM if the class is currently closed (no seats available).**

Please Print or Type

**\*\*This form only valid within 3 business days of Authorized Signature.**

Student I.D. Number		Name (Last, First, M.I.)	
Semester Taking Course(s) <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer	Academic Year (YYYY)	Today's Date (MM/DD/YYYY)	

Call No.	Subj.	Course No.	Section	Credits	Authorized Signature (or Stamp)	Signature Date**