Course Add/Drop/Waiver

STUDENT INFORMATION				
Student Name			Student ID Number	
		G		
Student Mailbox Number	E-mail Address	Term		
Stauent Manoux Munipel	L-man Audi 633	@stcl.edu		
Written explanation on the back of this form is required if:				
(Please check all that apply)				
This is a request to register add/drop a required course				
 ☐ Courses required for graduation ☐ Bar related course; student on academic supervision 				
Drop an advocacy course after classes have begun Professor Signature				
(REQUIRED)				
☐ This changes your enrollment status (If receiving Financial Aid, must have them sign off prior to schedule change.)				
Full time Part time Overload Underload F/T STUDENTS ONLY: I certify that I will not be employed for more than 20 hours per week in any week during this semester.				
If approved, my enrollment will change from hours to hours.				
Are you requesting the underload tuition rate? Yes No				
If so, please provide an explanation in the space provided on page 2 of this document. NOTE: A maximum of 25 students per academic year may receive the reduced underload tuition rate.				
Submitting a request does not guarantee that you will receive the reduced rate. You will be notified whether or not your				
request is approved via your student mailbox.				
		ADD TO REGISTRATION	D 6	
Course	Name	CRN	Professor	
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Course Note: Accounting Ser	REQUEST EXC Name	CRN CEPTION to ACADEMIC R CRN fore registration if student was	Professor EGULATIONS Professor dropped from courses for non-payment.	
Course Note: Accounting Ser	REQUEST EXC Name	CRN CEPTION to ACADEMIC R CRN fore registration if student was	Professor EGULATIONS Professor dropped from courses for non-payment. Date	
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Registrar Comments:

Course Add/Drop/Waiver Form - continued

Please provide written explanation in the space provided:			