

Add/Drop Request

Student Services Center



Student Section

Name: _____ APU ID#: _____

Fall Spring Summer Year: _____ Phone: _____

Signature: _____ Date: _____

If this change brings you to less than 12 units, please obtain the necessary signatures that apply to you:

Financial Aid: _____ International Student Services: _____ VA Counselor: _____

Circle One	Class #	Course	Course Title	Permission #	Units
Add Drop					
Add Drop					
Add Drop					
Add Drop					
Add Drop					

SSC Section (Office Use Only)

Total Units: _____ Initials: _____ Date: _____

Closed Class Instructor Permission Petition Requisite Waiver Time Conflict

Updated 9/22