

**COLLEGE OF LIBERAL ARTS AND HUMAN SCIENCES
FORCE-ADD REQUEST FORM**

I.D. Number	Last Name	First Name	Major	Semester	Year

FORCE-ADD.

Dept.	Course #	CRN	Course Title	Credit Hrs.	A-F	P/F	AUD

DROP

Dept.	Course #	CRN	Course Title	Credit Hrs.	A-F	P/F	AUD

Student Signature _____ E-Mail Address _____

Instructors' Signature _____ Date _____

ALL FORCE-ADDS MUST BE SIGNED BY THE INSTRUCTOR OF THE CLASS OR A DEPARTMENTAL REPRESENTATIVE OR THEY WILL NOT BE PROCESSED!