



**UNDERGRADUATE REQUEST
FOR LATE ADD/DROP
--ALL MAJORS--**

THIS FORM IS TO BE USED BY THE DEAN'S OFFICE; FACULTY/STAFF SHOULD NOT DISTRIBUTE IT TO STUDENTS WITHOUT PERMISSION FROM THE ASSOCIATE DEAN/DEAN'S ASSOCIATE OF THE STUDENT'S COLLEGE.

Complete this form and obtain the signature of the course instructor and the chair of the department where the course is offered. **Once completed, submit this form to the Associate Dean/Dean's Associate FOR THE COLLEGE OF YOUR MAJOR.**

Student Name: _____ ID #: _____

Advisor: _____ Major: _____

Phone: _____ IUP Email: _____

Date Form Released: _____ Date Form Due: _____

CHECK ONE: I ___ AM or ___ AM NOT aware of how this may affect my financial aid/insurance.
(If unsure, check with the Financial Aid Office in 213 Clark Hall; Phone: 724-357-2218; Email: financial-aid@iup.edu.)

Justification(s) for this request is as follows:

Student's Signature: _____ Date Student Signature: _____

NOTE: Check for class time conflicts when adding a course.

I am requesting permission to **ADD** / **DROP** from the following course:

CRN Number _____ Course _____ Section _____

Instructor Signature: _____ Print Name: _____

Recommended Denied Date: _____

Chairperson Signature: _____ Print Name: _____

Recommended Denied Date: _____

Comments:

Instructor/Chair: By signing this form, I give permission for overrides (if necessary) for closed/restricted sections.



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Dean's Office Action: Approved Denied Signature: _____
Associate Dean/Dean's Associate

Date: _____ Entered in BANNER by: _____