

## REQUEST FOR LATE ADD/DROP

Students should 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 Dean's Office FOR THE COLLEGE OF YOUR MAJOR.

Student Name:	ID #	Major:		
Advisor:	Мајо			
Phone:	IUP			
Date Form <b>Released</b> :				
CHECK ONE: I AM or (If unsure, check with the Financial A				
Justification(s) for this reques	t is as follows:			
Student's Signature:	Dat	e Student Signati	ıre:	
NOTE:	Check for class time co	nflicts when adding	g a course.	
I am requesting permission to l	□ <u>ADD</u> / □ <u>DROP</u> fro	m the following cou	ırse:	
CRN Number	Course		Section	
Instructor Signature:		Print Name:		
☐ Recommended	☐ Denied	Date:		
Chairperson Signature:		Print Name:		
☐ Recommended	☐ Denied	Date:		
Comments:				
Instructor/Chair: By signing t	his form, I give permission j	for overrides (if necessa	ry) for closed/restricted sections.	



## REQUEST FOR LATE ADD/ DROP --ALL MAJORS--

I am requesting permission to	$\square$ <u>ADD</u> / $\square$ <u>DROP</u> from	m the following cou	ırse:
CRN Number	Course		Section
Instructor Signature:		Print Name:	
☐ Recommended	☐ Denied	Date:	
Chairperson Signature:		Print Name:	
☐ Recommended	☐ Denied	Date:	
Comments:			
Instructor/Chaire By signing	his form. I give normicsion fo	ur onarridas (if naccesa	ry) for closed/restricted sections.
Instructor/Cnair: Бу signing t	nis form, 1 give permission fo	r overriaes (if necessai	y) for closed/restricted sections.
I am requesting permission to	□ <u>ADD</u> / □ <u>DROP</u> from	m the following co	urse:
CRN Number	Course		Section
Instructor Signature:		Print Name:	
☐ Recommended	☐ Denied	Date:	
Chairperson Signature:		Print Name:	
☐ Recommended	☐ Denied	Date:	
Comments:			
Instructor/Chair: By signing t	this form, I give permission fo	or overrides (if necessa	ry) for closed/restricted sections.
. 3 8			<del></del>
Dean's Office Action: □ A <sub>1</sub>	oproved	Signature:	Dean's Office