Course Action Form

The Course Action form is to be used only to make changes in your schedule that cannot be made by using SIS.

Use a separate form for each course; the second line can be used for a dependent discussion section or lab connected with the primary course.

After completion, please print the form and submit it to the Office of Summer and Special Academic Programs to be processed.

Instructors please note: If your class has reached the assigned room's seating capacity threshold, we cannot enroll any more students in your course.

Last Name				First Na	First Name				
University ID Number				Local/C	Local/Cell Phone				
Email Address				Your Scl	Your School				
Semester									
Action Requested Add D				Drop 🗌 💢	op Change of Data				
Reason for	needing a	ection							
Course restricted					Permission of instructor required				
Misse	Course t	Course full							
Waiver of maximum/minimum credits Other									
Instructor Signature (required)									
Dean or De Not require	-	•	-	oy school) and Nursing St	udents				
Class # (5-digits)	Subject Area	Course #	Class	Course Title	Var. Credits	Grade Option			
		(4-digits)	Section			CR/NC	Audit	Grade	
	<u> </u>				1				

below the minimum allowed by my school requires the approval of the dean's office.

¹Var. Credit – number of credits requested for variable credit/no credit

credits. Approval to go above the maximum or

With these Changes, I will be enrolled for