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UCID		LAST NAME	FIRST NAME
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HOME COLLEGE	Student signature	Date
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Add

	CLASS NUMBER		SEMESTER	
SUBJECT	COURSE#	SECTION#	HOURS	AUDIT
COURSE TITLE				

*INSTRUCTOR APPROVAL (does not override class prerequisites) _____ DATE _____

*CLASS COLLEGE APPROVAL _____ DATE _____

Drop/Withdrawal

			SEMESTER	
SUBJECT	COURSE#	SECTION#	HOURS	AUDIT
COURSE TITLE				

*INSTRUCTOR APPROVAL _____ DATE _____

*HOME COLLEGE APPROVAL _____ DATE _____

Registrar