

## UNIVERSITY OF COLORADO COLORADO SPRINGS

## **Add/Drop Course Form**

Year:	Term:
2,021	Fall
	<b>✓</b> Spring
	Summer

Step 1: Fill out your Personal Information

00000	Subject and Cour (EX: MATH 1040)	Please see instructions on reverse for required approvals and Points of Contact.	Step 2: Complete Class Information and Obtain Appropriate Approvals	UCCS Email: rdarras@uccs.edu	Name: Ryan Darras
	ourse Number:	on reverse for re	ass Informatic	றuccs.edu	
202	Subject and Course Number: Section Number: Credit Hours: Override Code: Instructor Signature: (EX: MATH 1040) (EX: 001, OL1) (EX: 3.0) (See Below)	quired approvals	n and Obtain A		
)	Credit Hours: (EX: 3.0)	and Points of C	ppropriate A		(0
	Override Code: (See Below)	Contact.	pprovals	Phone Number: (719	Student ID Number: 995277777
	Instructor Signa				er: 99527777
	ture:			322-8047	7
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•	Dean/Approval Authority Signature:				Date of Birth (if SID Unknown): 10/11/1992
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Subject and Course Number: (EX: MATH 1040)	Section Number: (EX: 001, OL1)	Credit Hours: (EX: 3.0)	Override Code: (See Below)	Instructor Signature:	Dean/Approval Authority Signature:
ADD CS 9990	001	0	4	Just tune taliba	and the help
ADD				00	00
Pre/Co-Requisite Override:  If you have not completed the pre/co-requisite course for the course you are adding, this form must be signed by the Department's Approval Authority.	equisite course for	the course you	are adding,	Bursar Signature (Required for adds after Census Date):	
Department Approval Authority Signature:	ure:			Override Reason Code Explanations:	
Time Conflict With Another Course:				P_hstructor/Dept Permission Required	
If the scheduled time for the course overlaps with another course, you will need the	erlaps with another	course, you w	ill need the	R—Pre/Co-Requisite Override (Additional Information on left)	nation on left)
Instructor signature from BOTH courses in order to be enrolled.	s in order to be en	olled.		WL—Wait Listed (Must be in position #1 on WL before adding)	before adding)
Conflicting Course and Section:				SC—Section Closed (Room Fire Code will be checked before adding)	necked before adding)
Instructor Name:					
Instructor Signature:				IC— Ilme Conflict (Additional Information on left)	
Subject and Course Number:	Section Number:	Credit Hours:		Instructor Signature:	Dean/Approval Authority Signature:**
DROP					
DROP					
** If dropping a course that is a co-requisite for another course, Department Approval is required.	for another course,	Department Appr	oval is required.	Financial Aid Office Signature (if applicable):	
					Registrar Office Use Only:

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