

Date \_\_\_\_\_

Signature \_\_\_\_\_

SDSU RedID \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_

Email Address \_\_\_\_\_ Date of Birth \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ M.I. \_\_\_\_\_

Address: Number & Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Term**      **Year** \_\_\_\_\_

Spring

Summer

Fall

Check here if this is an address change

List the courses you wish to <b>DROP</b> from your program:		for credit courses only				
Class No./Schedule No.	Fees	Units	Dept/Course No	Course Title	Course Dates	Instructor Approval (if required)
<b>Reason for the drop</b>						

List the courses you wish to <b>ADD</b> to your program:		for credit courses only				
Class No./Schedule No.	Fees	Units	Dept/Course No	Course Title	Course Dates	Instructor Approval (if required)

**For Cashier's Office Use Only**

	Forfeit	Refund	CRS
Admin Fee			
Tuition Fee			
SU Extended Ed Fee			
ST Body Assoc Fee			
IT Services Fee			
Student Affairs & Campus Diversity			

Transaction Info

Calculated by Signature \_\_\_\_\_