



ADD/DROP FORM

MPC ID NUMBER									

Students collecting Veteran's Benefits must report changes to Veteran's Office.

SEMESTER/YEAR: _____

FULL LEGAL NAME: LAST NAME (PLEASE PRINT) FIRST NAME MIDDLE INITIAL

MAILING ADDRESS: NUMBER AND STREET OR POST OFFICE BOX APARTMENT NUMBER

CITY STATE ZIP CODE

E-MAIL ADDRESS: _____ PHONE #: () -

Counselor's signature required if you are:

1. Registering for more than 18.0 units during a semester or 7.0 units during summer.
2. An International student (F, M) or other than Permanent Resident Visa).

ADDS

4-DIGIT SECTION NUMBER	DEPARTMENT AND COURSE NUMBER	UNITS	CHECK DAYS						TIME	DATE STUDENT BEGAN CLASS	INSTRUCTOR'S SIGNATURE OR ADD CODE (Required for Late Registration)
			M	T	W	TH	F	SA			
THE INSTRUCTOR'S SIGNATURE DOES NOT OVERRIDE PREREQUISITES											

DROPS

4-DIGIT SECTION NUMBER	DEPARTMENT AND COURSE NUMBER	INSTRUCTOR	4-DIGIT SECTION NUMBER	DEPARTMENT & NUMBER	INSTRUCTOR

OFFICE USE ONLY

Computer Entry By: _____ Date _____ Amount Paid: \$ _____ CHECK CASH CC BATCH