



COURSE ACTION FORM

Use this form only to make changes in your schedule that cannot be made by using ISIS

Your Name: _____
(last, first)

Action Requested: Add Drop Change of Data

_____-_____
Student I.D. or Social Security Number

Instructor Signature (required)

Dean or Dept. Chair Signature (Optional by school)

Local Telephone: _____ - _____

E-mail Address: _____

School: _____ Term: _____

Schedule Number	Course Mnemonic and Number	Section Number	Course Title	Instructor Number	Var. Credit	Grade Option		
						CR/NC	AU	G
Complete above for Add or Charge only if required; see Course Offering Directory								

Reason for needing action:

- Course restricted
 Permission of instructor required
 Missed deadline
 Course full
 Waiver of maximum/minimum credits
 Other :

With these changes, I will be registered for _____ credits. Approval to go above the maximum or below the minimum allowed by my school requires the approval of the dean's office.

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

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.

Example:

Instructor Number - required for courses marked II or TD

Var. Credit - number of credits requested for variable credit courses

CR/NC - credit/no credit

AU - audit

G - letter grade

Schedule Number	Course Mnemonic and Number	Section Number	Course Title	Instructor Number	Var. Credit	Grade Option		
						CR/NC	AU	G
44444	BIOL 201	1	Intro to Biology					
43210	BIOL 201	28	Biology Lab	Complete above for Add or Charge only if required; see Course Offering Directory				