

# Add Form

Student Name \_\_\_\_\_

Student ID \_\_\_\_\_

Degree Program \_\_\_\_\_

Quarter \_\_\_\_\_

Use this form to add a course when:

- 1) you have permission to register beyond full-time status (overload of credit)
- 2) you have center approval to enter a course beyond full capacity (overload a course)
- 3) add credit to an existing variable-credit course (by Friday of the 6<sup>th</sup> week of the term)
- 4) a pre-requisite has been waived
- 5) the online registration period has ended

Submit your completed form to the Student Accounts Office first for clearance. Your course will not be added without clearance. You may be required to pay tuition when you submit this form.

Course / Section Number	Title	Credits	Instructor
1.			
2.			
3.			
4.			

### Exception / Reason (Check all that apply):

- Addition of credit to an existing variable-credit course - From: \_\_\_\_\_ / To: \_\_\_\_\_ Credits (Only student signature is required below)
- Waived pre-requisite (adviser or center office manager signature required)
- Overload of credit (adviser or center office manager signature required)
- Overload of course (center director / school dean signature required)

Program Signature \_\_\_\_\_ Date \_\_\_\_\_

- Online registration has closed (instructor signature required)

Instructor Signature \_\_\_\_\_ Date \_\_\_\_\_

This change will cause my overall credit load to change from \_\_\_\_\_ credits to \_\_\_\_\_ credits.

The added course will be reflected on My Class Schedule on *myAntioch* after this form is processed. If we need to contact you regarding this change, we will first email you through FirstClass (FC).

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

Address \_\_\_\_\_

**Student Signature** \_\_\_\_\_ **Date** \_\_\_\_\_  
*(Signature required before registration will be processed.)*

**For Office Use Only**

Date Received \_\_\_\_\_

Registrar \_\_\_\_\_

Financial Aid \_\_\_\_\_

Student Accounts \_\_\_\_\_

Financial Aid Reconciliation:

SEOG \_\_\_\_\_

Perkins \_\_\_\_\_

U. Stafford \_\_\_\_\_

S. Stafford \_\_\_\_\_

PLUS \_\_\_\_\_

You may submit this form in person, by mail or by fax.

Registrar's Office • 2326 Sixth Ave. • Seattle, WA 98121-1814 • fax: (206) 268-4242