



Name: _____ APU ID#: _____

Fall Spring Summer Year: _____ Cell phone: _____

Signature: _____ Date: _____

If this change brings you to less than 12 units, please obtain the necessary signatures that apply to you:

International Student Services: _____ Financial Aid: _____ VA Counselor: _____

Circle One	Class #	Course	Course Title	Units
Add Drop				
Add Drop				
Add Drop				
Add Drop				
Add Drop				
Add Drop				
Add Drop				
Add Drop				

Office Use Only Total Units _____ Initials _____ Date _____ Instructor Permission Requisite Waiver Closed class Petition