



CALIFORNIA STATE UNIVERSITY, DOMINGUEZ HILLS

CHANGE OF PROGRAM (ADD/DROP/WITHDRAW)

THE REGISTRAR'S OFFICE

FOR OFFICE USE ONLY

PLACE DATE STAMP HERE

STUDENT ID: _____

SIGNATURE: _____

LAST NAME: _____

FIRST NAME: _____

PHONE NUMBER: _____

TERM: _____

LIST ALL CLASSES YOU WISH TO ADD BELOW:

CRN	DEPT.	COURSE NO.	SECTION	UNITS	INSTRUCTOR SIGNATURE	DEPT. CHAIR'S SIGNATURE	DEAN'S SIGNATURE	DATE

LIST ALL CLASSES YOU WISH TO DROP/WITHDRAW FROM BELOW:

CRN	DEPT.	COURSE NO.	SECTION	UNITS	INSTRUCTOR SIGNATURE	DEPT. CHAIR'S SIGNATURE	DEAN'S SIGNATURE	DATE

EXCEEDING MAXIMUM UNIT LOAD: COMPLETE THIS SECTION IF YOU WOULD LIKE TO REGISTER FOR MORE THAN 18 UNITS. THESE REQUESTS ARE ACCEPTED BEGINNING THE FIRST DAY OF INSTRUCTION.

TOTAL # OF UNITS APPROVED: _____

ADVISOR'S SIGNATURE: _____

DATE: _____

DEAN'S SIGNATURE: _____

DATE: _____

(Required if exceeding 21 units)