

## **EVEN EXCHANGE ENROLLMENT REQUEST**

PRINT Student First Name	Last Name	Student ID Number	Phone	Semester	
A student signature on this form autito ensure that required signatures/apenrollment requests are subject to a was processed, to check for the acc	norizes Admissions and Re oprovals are included, payn pproval; the student is resp	cords staff to adjust enrollment as re nent is made (if applicable), and this onsible to check their account in my\	quested below. The s form is submitted by o VNC to determine if t	student is responsible deadlines. All he enrollment request	
Student Signature		Date			
Requests to add full class	ses will not be proc	essed without consent fro	om the applical	ble Division.	
If enrolled in a math class that is permission is not required until the			of different sections	s. Instructor	
	Eve	<u>en Exchange</u>			
<ul> <li>Instructor signature or attached</li> <li>Courses requested to both drop greater than the number of cour</li> <li>Dropped classes approved for e</li> <li>Deadline to submit this form for Tuesday. Note: Requests to ever</li> </ul>	email approval required for and add for even exchanges se units to drop. even exchange will be remo even exchange is the Frida en exchange courses to mo	the semester, only for full-to course(s) to add; form must be sub- e must be listed. The number of units wed from a student transcript. By of the second week of the semester we to a higher or lower level within the course must be a prerequisite to the	mitted within 5 days o s requesting to add m er or Monday if the se e same discipline will	ust be equal to or mester began on a l be accepted until the	
Course(s) to add:  1) Course Registration Number ( Is the class full? Yes No					
Instructor Name (Print):	Instru	ctor Signature:			
If applicable, Division Signature:			Date:		
2) Course Registration Number ( Is the class full? Yes No	i.e. 32876) : NOTE: If the class is f	Prefix/Number (i.e. BUS 10 ull, request will not be processed	1) : [ unless Division ha	Credit  Audit s granted consent.	
Instructor Name (Print):	Instru	ctor Signature:	· · · · · · · · · · · · · · · · · · ·	Date:	
If applicable, Division Signature:			Date:		
3) Course Registration Number ( Is the class full? ☐ Yes ☐ No	i.e. 32876) : NOTE: If the class is f	Prefix/Number (i.e. BUS 10 ull, request will not be processed	1) : [ unless Division ha	Credit  Audit sgranted consent.	
Instructor Name (Print):	Instru	ctor Signature:		Date:	
If applicable, Division Signature:			Date:		
Course(s) to drop: 1) Course Number:	Prefix/Number:				
2) Course Number:	Prefix/Number:				

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3) Course Number: \_\_\_\_\_ Prefix/Number: \_\_\_\_