Student's Name _____ **Student's USC ID Number** _____

Last   First   M.I.   **Student's USC Email** _____

Semester Requested: Spring 2019 _____   Summer 2019 _____   Fall 2019 _____

CLASSES TO BE ADDED

COURSE PREFIX	COURSE NUMBER	UNITS	CLASS NUMBER	TIME	DAYS
Example: ARCH	106x	4	11111	10	MWF

INSTRUCTOR SIGNATURE: Students must obtain approval from the instructor before adding any class after the 1st week.

PLEASE NOTE: If a course is closed or requires D clearance, instructor signature and department stamp are required on this form.

X _____

X _____

X _____

X _____

X _____

CLASSES TO BE DROPPED

COURSE PREFIX	COURSE NUMBER	UNITS	CLASS NUMBER	TIME	DAYS

"I have consulted with my Academic Advisor as necessary, and, after considering the advice, have decided to make the changes on this document to my course schedule."

_____

Student's Signature

_____

Date

CLASSES TO AUDIT OR TAKE FOR PASS/NO PASS

COURSE PREFIX	COURSE NUMBER	UNITS	CLASS NUMBER	TIME	DAYS	GRADE OPTION (LETTER GRADE, PASS/NO PASS, AUDIT)

For ASCJ/COMM/JOUR/PR Classes: Instructor signature and department stamp are required for classes that are closed and/or require D-clearance. Once the instructor's signature is obtained, the form should be turned into ASC 140 as soon as possible. The form will be processed within 24 hours and the student will be notified when processing has been completed.