DELTA STATE UNIVERSITY ADD FORM

DSU ID 900 ### ###										
900										
NAME										
Telehone Number										
Email										
**Approval from Student	Business S	ervices (S	SBS) requir	ed on	all ac	lded hours f	or part-time	students and		
full-time students whose	total credit/	bill hours	will be gre	eater t	han 1	9.**				
r	ODNI	DEPT	OOLIDOE #	050	Lupo	TIME	DAY	INOTOLIOTOR		
ADD COURSE	CRN	DEPT	COURSE#	SEC	HRS	TIME	DAY	INSTRUCTOR		
IF AFTER DEADLINE										
to ADD CLASSES					ı	1	1			
INSTRUCTOR APPROVAL										
SIGNATURE IS REQUIRED						j				
	CRN	DEPT	COURSE#	SEC	HRS	TIME	DAY	INSTRUCTOR		
ADD COURSE										
IF AFTER DEADLINE										
to ADD CLASSES						7				
INSTRUCTOR APPROVAL SIGNATURE IS REQUIRED										
CICHATOTIC TO TICKOTTICE						4				
	CRN	DEPT	COURSE#	SEC	HRS	TIME	DAY	INSTRUCTOR		
ADD COURSE										
IF AFTER DEADLINE to ADD CLASSES										
INSTRUCTOR APPROVAL						1				
SIGNATURE IS REQUIRED										
		-	T 1		T		T = T			
ADD COURSE	CRN	DEPT	COURSE#	SEC	HRS	TIME	DAY	INSTRUCTOR		
IF AFTER DEADLINE										
to ADD CLASSES			11		ı		<u> </u>			
INSTRUCTOR APPROVAL										
SIGNATURE IS REQUIRED					Signatures in Order					
	<u>-</u>					1. Advisor				
	2. Dean									
						3. SBS				
						4. Registrar				
						4. Date Rec	4. Date Received			