

**DELTA STATE UNIVERSITY
LATE ADD FORM
TO BE USED AFTER FINAL CANCELLATION DATE**

NAME _____
Telephone Number _____
Email _____

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|--------|-------------|
| DSU ID | 900 ### ### |
| | 900 |

ADD COURSE

*IF AFTER DEADLINE
to ADD CLASSES*

| CRN | DEPT | COURSE# | SEC | HRS | TIME | DAY | INSTRUCTOR |
|-----|------|---------|-----|-----|------|-----|------------|
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**INSTRUCTOR APPROVAL
SIGNATURE IS REQUIRED**

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Signatures in Order

1. Advisor _____
2. Dean _____
3. SBS _____
4. Registrar _____
5. Date Received _____

Please circle: RREG Yes No