

# DELTA STATE UNIVERSITY ADD FORM

NAME \_\_\_\_\_  
 Telephone Number \_\_\_\_\_  
 Email \_\_\_\_\_

<b>DSU ID</b> 900 ### ##
900

**ADD COURSE**  
*IF AFTER DEADLINE  
 to ADD CLASSES*  
**INSTRUCTOR APPROVAL  
 SIGNATURE IS REQUIRED**

CRN	DEPT	COURSE#	SEC	HRS	TIME	DAY	INSTRUCTOR

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Signatures in Order

1. **Advisor** \_\_\_\_\_
2. **Dean** \_\_\_\_\_
3. **Registrar** \_\_\_\_\_
4. **Date Received** \_\_\_\_\_