College of Education
Permission to Add a College of Education Course

Requesting to add: Course ___________________________ Unique Number ______________

• Student Information:

Name (First/Middle Initial/Last): ____________________________________________________________
EID: ___________________________ Date: ___________________________ Semester: ________________
Phone Number: (c) ___________________________ (h) ___________________________ Email: ___________________________

• Note:
If this add would take you over 17 hours, or if you are already in a course at the same time, please indicate the class
that needs to be dropped before this class can be added to your course schedule:

Course to be dropped: ___________________________ Unique Number: ______________

• Grade Status for this Add:
(Please check one) Letter Grade Basis _____ OR Pass/Fail Basis _____

• Instructor’s Approval to Add: (Signature) _______________________________________________________

INSTRUCTOR’S Printed Name: ___________________________________________ Date: ___________________

CoE/sd_02/26/08