

for the ☐ Fall ☐ Spring Semester 20__

Name _____ SID No. _____ U G
last first middle

Telephone No. () _____ College/School _____ Major _____

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Action Code	Course Control No.	Department (e.g., Math)	Course No.	Sec. No.	Units	P/NP S/U	Repeat?
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Action Code	Course Control No.	Department (e.g., Math)	Course No.	Sec. No.	Former Units	New Units	Instructor's Signature	Date
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Action Code	Course Control No.	Department (e.g., Math)	Course No.	Sec. No.	P/NP S/U	Letter Grade
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ARE YOU AN ACTIVE INTERCOLLEGIATE (NCAA) STUDENT-ATHLETE FOR THIS SEMESTER? Yes_____ No_____

Veterans' Services *Date*