Add or Drop Request Form

Last Name: ________________________ First Name: __________________________ MI: ____
SF State ID: ______________________ Semester: _____________________________
Email: __________________________ Phone: ________________________________

**Academic Load**
Will this request change my academic load status (full-time, three-quarter time, etc.)? Yes No

<table>
<thead>
<tr>
<th>Effective Date</th>
<th>Add or Drop</th>
<th>Class (Econ 101 – Intro to Economics)</th>
<th>Units</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**ACKNOWLEDGEMENT:**
Certification adjustments will not be completed unless you have a Student Responsibility Agreement form on file for the current semester.

____________________________________________________________      ______________________________
Signature of benefit user                                          Date

For office use only:

Certification Adjusted by:________________________________________ Date: ______________________