



Undergraduate Academic Affairs
College of Humanities and Social Sciences

RETROACTIVE ADD REQUEST

	OFFICE USE ONLY
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Name: _____

G#: _____

Address: _____

Mason email: _____

Official correspondence will be sent to this address.

City State Zip

Telephone: _____ Message? yes/no
if yes, we will leave a detailed message on voice mail

Major: _____

State why you were not able to add the course before the last day of classes and the details you wish the Dean to consider. Retroactive adds are only granted in cases of documented university error; proof of university error should be attached to this request. *Required documentation must be provided within 30 days of receipt of your request to the Undergraduate Academic Affairs Office. After 30 days, the request will be filed without review.*

Course Title: _____ CRN: _____ Semester: _____ Professor: _____

Please explain the nature of the university error that caused the course not to be added during the semester.

Read and Sign: I understand that requests are not effective unless approved by the Undergraduate Academic Affairs Office. I certify that the above information is accurate and not in violation of the Honor Code. Acceptance of requests for Dean’s review does not guarantee approval or a definite date when a decision can be reached. I have read and will comply with the rules, regulations, requirements and academic policies of the college and university.

Student’s Signature

Date