	R G E	College of Hum				OFFICE USE ONLY
Name:				G#:		
Address:				Official correspondence will be se	nt to this address.	
	City	State	Zip	Telephone:	Message? yes/no e a detailed message on voice mail	
Major:				_		
Please submit ar	ny docum	nentation that support	s your request a	day of classes and the details you long with this form. <i>Required do</i> te Academic Affairs Office. After	ocumentation must be provi	ded

Course Thie: CKN: Semester: Professor:	Course Title:		Semester:	
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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	