

ADD REQUEST FORM

RETURN THIS FORM TO THE OFFICE OF THE REGISTRAR, ROOM 109 IN ABRAMS HALL

 **Instructions, to be followed in the order listed:**

1. Enter your information - use **ink** or fill the form online
2. Enter the course information - use **ink** or fill the form online.
3. The course instructor must sign approval.
4. Ask your advisor to sign the form, if needed.
5. Ask your Academic Department Chair to sign the form, if needed. *



LSUA ID#: _____ **NAME** (LAST, FIRST MIDDLE): _____

TERM: _____ **AND YEAR:** _____ **SIGNATURE:** _____


SPRING, SUMMER, OR FALL
FULL, 2, 3, 2ND, OR 3RD.

PLEASE COMPLETE FORM IN INK, OR COMPLETE ONLINE, PRINT, SIGN IN INK AND OBTAIN REQUIRED SIGNATURES

COURSE ID	SECTION NUMBER	CREDITS	AUDIT	COURSE TITLE	INSTRUCTOR'S SIGNATURE OF APPROVAL	DATE


Signature of Academic Advisor

Date

 * Signature needed if adding after the 3rd day for 7 week courses and after the 5th day for 15 week courses.

Signature of Academic Department Chair

Date

 * Signature needed if adding after the 3rd day for 7 week courses and after the 10th day for 15 week courses.