Change of Registration – Late Add - Undergraduate and Graduate Students

Please make note of add dates on academic calendar

Year_____ ○Fall ○Spring ○Summer

800-_____ _____ _____

Student ID Student Last Name Student First Name

	CRN	Subject, Number, Section	**Instructor signature required**	Credits
ADD				

Please note this form will NOT be processed until all signatures above and below are present.

Student signature:_____ Date:_____

This form will NOT be processed without student signature

Advisor Signature:_____ Date:_____

Associate Dean Signature:_____ Date:_____

Comment_____

Submit this form to Stetson OneStop (Rinker Welcome Center), 2nd Floor

Note To Registrar Office: If add is for Internship, send notification email to career@stetson.edu