UMASS REGULATIONS

1. Students may add courses through the add/drop period at the start of each semester.
2. After the end of the add/drop period, students may add courses only with the permission of the instructor and at the discretion of student's academic dean.

Student: Please complete the portion of this form in the box immediately below and take to the instructor of the course. When instructor has completed, return to the CNS Advising Center, 220 Morrill II. If you are adding an independent study course, please attach a copy of the independent study contract to this form.

<table>
<thead>
<tr>
<th>Student Name:</th>
<th>SPIRE #:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Phone:</td>
<td>Email:</td>
</tr>
<tr>
<td>Major:</td>
<td>Course Title:</td>
</tr>
<tr>
<td>Dept:</td>
<td>Course #:</td>
</tr>
<tr>
<td>Class # (Five-Digits):</td>
<td>Section #:</td>
</tr>
<tr>
<td>Credits:</td>
<td></td>
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</tbody>
</table>

Date of Request: Semester:    Year of Graduation:

Reason for Request
(Use the space below and on back of this form if needed to explain completely why you were unable to add this course within the add/drop period. If you attempted to add this course within the add/drop period be specific about how and when you tried to add the course, when you became aware that the course had not been added, and how you tried to correct the problem.)

Student Signature:

Instructor: The above student is requesting to add your course after the end of the add/drop period. Please consider whether the student can successfully catch up in the course or complete the expected 40 hour per credit in the case of independent study or internship credits. Please provide the appropriate information in the box below and sign if you approve of this late add. Thank you.

_____ Student has attended ( class / lab / research ) throughout the semester

_____ Missed quizzes, test, other assignments on following dates:________________________________________________

_____ Completed quizzes, tests, other assignments on following dates:___________________________________________

For research/independent study, please indicate start date, hours completed & hours per week agreed with the student:

____________________________________________________________________________________________________________________

Instructor’s Name (Please Print)                                     Title/Position                                                                         Campus Phone

I hereby approve of this late add

Instructor’s Signature                                            Date

DEAN’S ACTION

Approved: _____   Denied: _____   Comments:

_________________________________  ____________________________________________________________

_________________________________  ____________________________________________________________

Dean’s Signature                                            Date