Force Request Form

MUST BE RETURNED TO 112 HEATON HALL TO BE PLACED ON THE LIST

Name: _____________________________  UIN Number: _____________________________

Phone Number: _____________________  E-Mail Address: _____________________________

Major: _____________________________  Expected Graduation Date: ___________

Classification (indicate if you are a graduate student):_________________________

Required for Degree: (circle one)    YES                NO

I give the EAHR Department permission to make the following changes to my ________________ (term) schedule. I understand that I am responsible for verifying changes to my schedule and notifying the EAHR Advising Office should I decide to be taken off of the wait list. I also understand that I am responsible for paying my fees by the due date for any added courses, although the Student Billing Office may not send a fee statement.

I have read the above and understand my responsibilities.

________________________________  ____________________
Student Signature     Date

The course you are trying to add will not be added if you have a time conflict unless you give us permission to drop that specific course. We will not rearrange your schedule for you. Completing this form does not guarantee you will have a seat in the class. It only informs our office that you are seeking a seat. Classes can be added through the 5th class day of any fall or spring semester and through the 4th class day of a 5-week or 10-week summer term.

CLASS AND SECTION NUMBER REQUESTED
________________________________
________________________________
________________________________

CLASS TO BE DROPPED
(If Necessary)
________________________________
________________________________
________________________________

For office use:
Date Recv’d: ________
Time Recv’d: ________
Initials: ________