



GRADUATE STUDENT COURSE ADD FORM

Doctoral/Master's student to add a course for any of the following:

1. ASAP registration has closed, requiring Department Chair and Instructor signature.
2. One Month after Fall/Spring Semester Census date has passed requiring Departmental, Academic College, and Graduate School Approval.
3. 10 Days after Summer Term Census requiring Departmental, Academic College, and Graduate School Approval.
4. Student is unable to add Undergraduate course for Undergraduate credit due to Graduate level restriction.
5. Class does not have an active Waitlist.
6. Prepayment has not been received prior to Census date.

Name _____ myUTSA ID _____

Phone _____ Email _____

Term: ☐ Fall ☐ Spring ☐ Summer Year: _____

CRN: _____ Subject: _____ Course #: _____ Section #: _____

NOTICE TO STUDENT: Once all signatures are obtained, submit form to the One Stop Enrollment Center for Processing. Locations: Main Campus JPL 1.01.04 Downtown Campus FS 1.500

NOTE: Even if all signatures are obtained, you cannot be added if class capacity is reached

APPROVALS

REQUIRED UNTIL CLOSE OF BUSINESS ON CENSUS DATE:

Instructor, Signature _____ Print Name _____ Date _____

Department Chair, Signature _____ Print Name _____ Date _____

NOTICE TO INSTRUCTOR AND CHAIR: By signing you are authorizing the enrollment of the student into the section including overriding all restrictions (pre-requisite, major, closed classes) EXCEPT fire code and fiscal holds that prevent registration.

Student, Signature _____ Print Name _____ Date _____

REQUIRED ONLY AFTER CENSUS DATE: Approval signatures and justification memo. NOTE: After Census day, you are required to 1. obtain approvals from the college and university and 2. write and attach a memo explaining why you want to add a class so late in the semester. The class will only be added if there is a credit on your account for this course and classroom capacity has not been reached.

Dean of College, Signature _____ Print Name _____ Date _____

Dean The Graduate School, Signature _____ Print Name _____ Date _____

* Fiscal Services Stamp for prepayment (only necessary after census date)

OFFICE USE ONLY

One Stop Initials: _____ Date: _____ Capacity: _____