



**UNDERGRADUATE
 STUDENT ADD REQUEST FORM**

Student Name: _____

Sooner ID Number (this number begins with “112”): _____

Semester/Term:

Fall-1 _____ Fall-2 _____ Spring-1 _____ Spring-2 _____ Summer _____

I hereby authorize my Academic Advisor

_____ to add the following course(s) to my schedule:

Each item below must be filled out in order for your add request to be processed.

Course Prefix	Course Number	Section Number	CRN	TITLE

I understand that I am financially liable for all course charges if I withdraw after the Free Drop Period. I also understand that a grade of “W” (withdrawn) will be posted to my transcript for withdrawals processed after the Free Drop Period.

Student Signature:

Date:

Fax or email this completed form to the attention of your Academic Adviser at the College of Professional and Continuing Studies, **405-325-9032**.

If you have questions about this form, please call your Academic Adviser at **405-325-1061** or **800-522-4389**.