



**Course Add/Drop/Waiver**

STUDENT INFORMATION								
Student Name								
Term	Student ID Number							
G								
<p><b>Written explanation on the back of this form is <u>required</u> if:</b>            (Please check all that apply)</p> <p><input type="checkbox"/> This is a request to register add/drop a required course</p> <p style="margin-left: 20px;"> <input type="checkbox"/> Courses required for graduation  <input type="checkbox"/> Bar related course; student on academic supervision  <input type="checkbox"/> Drop an advocacy course after classes have begun           </p> <p style="text-align: right;">Professor Signature _____ <small>(REQUIRED)</small></p> <p><input type="checkbox"/> This changes your enrollment status (If receiving Financial Aid, must have them sign off prior to schedule change.)</p> <p style="margin-left: 20px;"> <input type="checkbox"/> Full time*    <input type="checkbox"/> Part time    <input type="checkbox"/> Overload    <input type="checkbox"/> Underload           </p> <p>F/T STUDENTS ONLY: I certify that I will not be employed for more than 20 hours per week in any week during this semester.</p> <p>If approved, my enrollment will change from ___ hours to ___ hours.</p> <p>Are you requesting the underload tuition rate?    <input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p>If so, please provide an explanation in the space provided on page 2 of this document.</p> <p><i>NOTE: A maximum of 25 students per academic year may receive the reduced underload tuition rate.            Submitting a request does not guarantee that you will receive the reduced rate. You will be notified whether or not your request is approved via email.</i></p>								
ADD TO REGISTRATION								
Course Name	CRN	Professor						
DROP FROM REGISTRATION								
Course Name	CRN	Professor						
REQUEST EXCEPTION to ACADEMIC REGULATIONS								
Course Name	CRN	Professor						
Signature _____ Date _____ <p style="text-align: center; margin-top: 10px;">             By way of my signature, I authorize my requests(s) as indicated above.              I understand that because of the ABA Residency Requirements, I cannot complete my degree earlier than 24 months or later than 84 months after commencing law studies.           </p>								

Please submit completed form to:  
 South Texas College of Law Houston 1303 San Jacinto Street Houston, TX 77002 Attn: Registrar's Office  
 Fax:(713) 646-2939 E-mail: [registrar@stcl.edu](mailto:registrar@stcl.edu)

**FOR OFFICE USE ONLY**

Financial Aid: \_\_\_\_\_ Date: \_\_\_\_\_ Accounting Services: \_\_\_\_\_ Date: \_\_\_\_\_  
 Processed by: \_\_\_\_\_ Date Processed: \_\_\_\_\_ Hours BEFORE add/drop \_\_\_\_\_ Hours AFTER add/drop \_\_\_\_\_  
 SPACMNT Codes (circle if needed): 102 Course Waiver 109 Overload 108 Underload RRATE: Y / N  
 Approved     Not Approved    Registrar Signature: \_\_\_\_\_  
 Registrar Comments: \_\_\_\_\_

**Course Add/Drop/Waiver Form - continued**

**Please provide written explanation in the space provided:**