



Registrar's Office

1537 University Boulevard, Morrilton, AR 72110 | (501) 977-2052 | 1-800-264-1094 | Fax: (501) 354-7567 | www.uacccm.edu

COURSE ADDITION FORM

This form must be completed and returned to the Registrar's Office in the University Center. Failure to return this form will result in a failing grade in your classes.

Student Name: _____ I.D./S.S. No.: _____

Enrollment Period: Fall Spring Summer I Summer II Year: _____

Line No.	Course No.	Course Title	Instructor

Signature: _____
(Student)

Signature: _____
(Advisor or Division Chair)

FOR OFFICE USE ONLY

Administrative Changes Approved
 Yes No

Approved by: _____

Date: _____

Adv. _____

FA Reg

Registrar's Office Stamp
Indicates Effective Date