PRINT

Received:

California State University, Sacramento
Department of Special Education, Rehabilitation, School Psychology, and Deaf Studies
6000 J Street – EUREKA HALL, Rm. 316
Sacramento CA 95819-6079
(916) 278-6622 ♦ (916) 278-3498 FAX
http://edweb.csus.edu/eds

ADD/DROP PERMIT

This permit is to ONLY be used during the first TWO weeks of classes and ONLY for ADDING.
After the second week of classes, obtain "Petition to Add/Drop after Deadline."

Name: _____ **Daytime Phone**: _____
LAST **FIRST**

Student ID: _____ **Email:** _____**@saclink.csus.edu**

Semester: ____**FALL** ____**SPRING** **Year: 2012** **Alternate Email:** _____

Registration Date & Time: _____ **Undergraduate:** _____ **Graduate:** _____
UGRD PBAC

INSTRUCTIONS:

1. Obtain instructor approval and return *completed* permit to the Department of Special Education, Rehabilitation, School Psychology, and Deaf Studies in EUREKA HALL, Rm. 316.
2. Permits will not be processed unless it is complete (including class number).
3. The department will add students to the course within 48 hours.
4. It is the student's responsibility to check their records on "My Sac State" (my.csus.edu) to make sure they are in the correct course and section.

Circle one	Class Number (5 digit code)	Dept. & Course Number (eg. EDS 101)	Section #	Units	Instructor's Approval	Date
ADD / DROP						
ADD / DROP						
ADD / DROP						
ADD / DROP						
ADD / DROP						

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DEPARTMENT USE ONLY

Enrolled Date: _____ Enrolled by: _____

Comments: _____