



Skyhawk Station

Skyhawk Station, Room 160
skyhawkstation@fortlewis.edu | 970-247-7301

COURSE ADDITION (POST-CENSUS)

____ Student ID _____ Student Name _____ Term 20____ Year

Initial next to each statement below to indicate that you understand.

- ____ The course(s) added will not be considered for additional federal or state financial aid.
- ____ The course(s) added are ineligible for the College Opportunity Fund (COF).
- ____ You are responsible for paying tuition and fees for this course even if you subsequently drop it.
- ____ An updated billing statement will be sent to your FLC email account.

Processing Options (select one)

- Send me an email detailing the tuition and fees prior to adding me to the course. I (the student) will confirm my intent to enroll in the class via email.
- Add the course immediately upon receipt of this form.

Course Information

Check this box if you are adding a **299 or a 499 course**. You don't need to complete the bottom portion of this form, but you do need to fill out the Independent Study (299)/Individual Study (499) form.

____ Course CRN _____ Course Prefix and # _____ Course Title _____ Credits

____ Instructor Signature

____ Date

If the course has a related lab section or Supplemental Academic Instruction (SAI), please provide the information for that lab or SAI in the space below:

____ Course CRN _____ Course Prefix and # _____ Course Title _____ Credits

____ Instructor Signature

____ Date

____ Student Signature

____ Date

Office Use Only

Instructor Signature Student Signature Terms and Conditions
Veteran? ____ Processed By: ____ Date: ____ QC: ____