IDAHO STATE UNIVERSITY
FACULTY INITIATED ADD FORM

___Fall 20____
___Spring (year)
___Summer

Please specify course:

Index Nbr	Dept	Course	Section	Title

(Valid only through the current semester's published drop/add period for the specified course.)

Complete all information below for each student to be added in the above course:

Student Number	Last Name	First Name	Audit/Pass-No Pass	Credits

NOTE TO INSTRUCTOR: This form is to be used for adding a cohort of students to a course.
This form is not to be used for:
a) registration permit or major code overrides
b) individual student schedule change cards

Signatures below are required. Send original in a sealed and secure envelope to:
Registration & Records
Campus Box 8196
Pocatello, ID 83209-8196

_____ _____
Faculty Signature **Date**

_____ _____
Department Chair Signature **Date**

_____

***For office of Registration and Records use only*:**

Verified: _____ **Processed By:** _____ **Date:** _____
Note: Please copy for department, send original to Registrar **rev:(01/06)**