

# Alternative Calendar Request Form



UNIVERSITY of  
**SOUTH FLORIDA**

Student Success  
Office of the Registrar

Name \_\_\_\_\_ USFID Number \_\_\_\_\_

Fall  Spring  Summer Year \_\_\_\_\_

ADD / AUDIT  
DROP / WITHDRAW

Example

2	2	0	7	3
---	---	---	---	---

CRN

ANG	6741	001	3
-----	------	-----	---

Subject Number Section Credit Hours

ADD

--	--	--	--	--

CRN

--	--	--	--

Subject Number Section Credit Hours

--	--	--	--	--

CRN

--	--	--	--

Subject Number Section Credit Hours

--	--	--	--	--

CRN

--	--	--	--

Subject Number Section Credit Hours

--	--	--	--	--

CRN

--	--	--	--

Subject Number Section Credit Hours

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

**OFFICE USE ONLY:** Processor Initials \_\_\_\_\_ Date \_\_\_\_\_