HSU Late Course Add Form

Academic Term (ie: Fall, Spring, Summer): _____ Academic Year:_____

Student Name:_____ HSU ID #:_____

CRN #	Subject prefix/number (example:CHM 1013)	Section	Course Title	Instructor Signature/date	Program Director Signature/date

*In an effort to accommodate faculty members not on campus, email approval from Instructor/Program Director will be accepted. Those emails should be attached to this form when submitted.

Student Signature: _____ Date: _____