



2200 BONFORTE BLVD, PUEBLO, CO 81001-4901 719-549-2734/ Toll free: 1-800-388-6154/ FAX: 719-549-2438

## STS Program Course Enrollment Change Request (Add/Drop/Withdrawal) Form

Student Name: \_\_\_\_\_ PID \_\_\_\_\_ Term/Year \_\_\_\_\_

School: \_\_\_\_\_ District: \_\_\_\_\_

Request For Course Drop (D) or Withdrawal (W)			Request for Course Addition		
Call Number	Department	Course Number	Call Number	Department	Course Number
Student Date:			Student Signature:		

Instructor/Counselor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Contact information of signee: \_\_\_\_\_

Office use only:

Student status updated     Billing office notified     Liaison/Counselor/Instructor notified of update