## Submit this completed form, along with proof of the date of your final exam/final project to your ESS Adviser.

FIELDS WITH ASTERISK\* ARE REQUIRED. PLEASE NOTE THAT INCOMPLETE FORMS WILL NOT BE PROCESSED.

	Last Name*					First Name*					
<b>IFO</b>	Email Address*					UCB Student ID Number*					
	Year of Summer Enrollment*					Academic Level*: 🗌 Undergraduate 🗌 Graduate					
ACTION STUDENT INFO	Indicate Your Student Type* Select all that apply.   UCB Student   College: L&S CNR CED CHEM ENGIN OTHER   Visiting Student   Other UC Student  Other UC Student   International Student**   Visa Status: F1 J1 Other   Global Internship Student Summer Abroad Student Pre-College Scholars Student   What retroactive action are you requesting? Select all the apply and provide all required information below.   Add Courses(s) Change Unit Value   Drop Courses** Change Grading Option   Switch Secondary Sections Withdraw										
	(use Add/Drop sections below)						Total Units After Changes*				
ADD	Class #* (ex. 14938)	Subject* (ex. CHEM)	Catalog #* (ex. 1A)	Session* (ex. D)	Units* (ex. 3)	Grading O (Letter/P or N		1	Instructor Signature**	Date*	
DROP**	Class #* ex. 14938	Subject* ex. CHEM	Catalog #* ex. 1A	Session* ex. D	Units* ex. 3	Waitlis Check ii		Last Date Attended Course** Write N/A if never attended			
	**Internation	*International Students on a student visa should verify with their international student advisor <i>before</i> requesting any retroactive drops.									
UNIT/CHANGE GRADE	Class #* ex. 14938	Subject* ex. CHEM	Catalog #* ex. 1A	Session* ex. D	# Units B	Unit Cha lefore Change	ange # Units Afte	r Change	Grading Option Chan (Letter/P or NP/S or L		
STUDENT AGREEMENT I have read and agree to the rules regarding fees, deadlines, and refunds as published at summer.berkeley.edu											

Student Signature\*