

## Permission to Add (PTA)

Instructions: Fill out form and have instructor sign electronically and submit via email to: ech-advising@ucdavis.edu

Name (type):				
Las	t	First		M.I.
Student ID#				
E-mail:@ucdavis.edu				
Quarter:	Year:			
CRN	Subject	Course Number	Section	Units
Student Signature			Date	
 Instructor Signature			Data	
Instructor signature			Date	
For Office Use Only:				
Date: PTA Issuer:				
Subject	Course Number	P	TA #	

<sup>\*\*</sup>PTA numbers will expire in 72 hours from time of issue.\*\*