

Add/Drop Form

	Semester	Se	ession	Year		
Student	Student Name (Last, First)			Student I.D. Number		Major

ADDS:

Course ID	Course Section	Credits	Instructor Signature Required for Late Registration, Full Course Admittance, Audits, and Prerequisite Overrides (print and sign)	Reason for Add
Reasons for Add:	PR= Prerequisite Override A= Audit Course		WL=Waitlist Override LR= Late Registrat 0=Other (Specify)	tion CF= Course Full

SIGNATURE OF ADVISOR and/or DEAN (for other requests)

DATE

DROPS:

Course ID	Course Section	No. of Cr. Hrs.	Che
			Che
			* Do me

Check box if dropping ALL courses for the semester

Check box if requesting a Voluntary Medical Leave * Documentation of health condition must be provided by a medical or mental health professional.

Your Add/Drop request could affect your tuition, financial aid, and your anticipated graduation date. Some courses are offered on a limited basis and may not be offered for several semesters. An Add/Drop request received after the last day to Add/Drop will be considered a withdrawal resulting in a grade of "W". If you have questions about impacts, check with your advisor to determine the likely consequences. Signing below, you acknowledge that you have been advised of the consequences and responsibilities of adding/dropping the course(s) listed above.

SIGNATURE OF STUDENT

Registrar's Office Use Only

Processed by:

Date Received:

DATE

Date received/processed by the Registrar's Office is considered the formal date of notification to add/drop classes

Note: Add/Drop requests may not be processed if registration holds exist. Students will not be added into closed course(s) without appropriate signature approval.