ADD / DROP FORM

Student Name: ________________________________________________

Date of Request: ______________________

Semester:  
- Fall  
- Spring  
- Summer  
Year: 20____

Important: Be sure to include ALL information. Consult course list and class schedule for course numbers, credit hours and daytime.

**ADD**

<table>
<thead>
<tr>
<th>COURSE #</th>
<th>Section (ex. A)</th>
<th>CREDIT HOURS</th>
<th>COURSE TITLE</th>
<th>DAY-TIME</th>
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</thead>
<tbody>
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Reason for change: ________________________________________________

**DROP**

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</table>

Reason for change: ________________________________________________

Student Signature: ________________________________________________

Dean’s Approval: ______________________ Date: ______________________

Registrar: ______________________ Date: ______________________

Financial Aid Office: ______________________ Date: ______________________

Business Office: ______________________ Date: ______________________

Adjustment to account: 
Credit: ______________________ Charge: ______________________