



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 day/time.

ADD

COURSE #	Section (ex. A)	CREDIT HOURS	COURSE TITLE	DAY-TIME

Reason for change: _____

DROP

COURSE #	Section (ex. A)	CREDIT HOURS	COURSE TITLE	DAY-TIME

Reason for change: _____

Student Signature: _____

Dean's Approval: _____ Date: _____

Registrar: _____ Date: _____

Financial Aid Office: _____ Date: _____

Business Office: _____ Date: _____

Adjustment to account:
Credit: _____
Charge: _____
