

# ADD / DROP FORM

MMED\_\_\_\_\_ MCert\_\_\_\_\_

Student Name: \_\_\_\_\_

Date of Request: \_\_\_\_\_

Semester: \_\_\_\_\_ Fall \_\_\_\_\_ Spring \_\_\_\_\_ Summer Year: \_\_\_\_\_

*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: \_\_\_\_\_

<b>Adjustment to account:</b> Credit: _____ Charge: _____ _____
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Copy to Director of Applied Studies