

~ADD/DROP REQUEST FORM~

IF YOU INTEND TO **DROP ALL COURSES** THIS SEMESTER, **DO NOT USE THIS FORM.**
GO TO THE REGISTRAR'S OFFICE, IN ABRAMS HALL 109, TO DISCUSS A UNIVERSITY WITHDRAWAL.
OTHERWISE, RETURN THIS FORM TO THE OFFICE OF THE REGISTRAR, ROOM 109 IN ABRAMS HALL



Instructions, to be followed in the order listed:

1. Enter your information - use **ink** or fill the form online
2. Enter the course information - use **ink** or fill the form online.
3. The course instructor must sign approval.
4. Ask your advisor to sign the form, if needed.
5. Ask your Academic Department Chair to sign the form, if needed. *



STUDENT ID#: _____ **NAME** (LAST, FIRST MIDDLE): _____

TERM: _____ **AND YEAR:** _____ **SIGNATURE:** _____

SPRING, SUMMER, OR FALL
FULL, 2, 3, 2ND, 3RD, A OR B SESSION

PLEASE COMPLETE FORM IN INK, OR COMPLETE ONLINE, PRINT, SIGN IN INK AND OBTAIN REQUIRED SIGNATURES

ADD

COURSE ID	SECTION NUMBER	CREDITS	AUDIT		COURSE TITLE	INSTRUCTOR'S SIGNATURE OF APPROVAL	DATE

DROP

COURSE ID	SECTION NUMBER	CREDITS	AUDIT		COURSE TITLE	INSTRUCTOR'S SIGNATURE OF APPROVAL	LAST DATE OF ATTENDANCE	DATE

Signature of Academic Advisor _____ Date _____

* Signature needed if adding or dropping after the 3rd day for 8 week courses and after the 5th day for 15 week courses.

Signature of Academic Department Chair _____ Date _____

* if dropping after the official withdrawal deadline.
Signature needed if adding after the 10th semester day.