

ADD/DROP FORM

NAME _____

ADDS AND DROPS MUST BE COMPLETED BY THE DATE SPECIFIED IN THE CATALOG. CHANGES WILL NOT BE OFFICIAL UNTIL THIS FORM IS RECEIVED BY THE REGISTRAR. REMEMBER THE FINAL RESPONSIBILITY FOR SUBMITTING THIS FORM RESTS WITH YOU. BE SURE TO COMPLETE NECESSARY PARTS AND OBTAIN NECESSARY SIGNATURES.

A D D

Office Use only	DIV	COURSE NUMBER	SECTION	GRADE METHOD	CREDITS	TITLE	Check if repeating course	Instructor Approval
Example	NR	110.303	A	G	3.0	Health Assessment	√	(EXAMPLE)
1								
2								
3								
4								
5								
6								

D R O P

1								
2								
3								
4								
5								
6								

Original Semester Hours _____ Adjustment (+/-) _____ NEW SEMESTER HOURS TOTAL _____

SIGNATURES: Academic Advisor: _____

Financial Aid (if on Aid or Scholarship): _____ Student Accounts: _____

I have checked this form and the above course(s) is/are listed correctly.

Student's Signature _____ Date _____

PLEASE RETURN FORM TO THE REGISTRAR'S OFFICE

GRADE METHODS:
G = Regular letter grade
AU = Audit
P/F = Pass/Fail

REGISTRAR'S OFFICE: Received and reviewed by _____ Date Entered _____ Initials _____