

# ADD/DROP FORM



TERM: \_\_\_ FALL \_\_\_ SPRING  
 \_\_\_ WINTER \_\_\_ SUMMER

NAME \_\_\_\_\_

YEAR: \_\_\_\_ - \_\_\_\_

**ADDS AND DROPS MUST BE COMPLETED BY THE DATE SPECIFIED IN THE SON ACADEMIC CALENDAR. 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.**

**ADD**

	DIV	COURSE NUMBER	SECTION	GRADE METHOD	CREDITS	TITLE	Check if repeating course	Instructor Approval
Example	NR	120.503	0101	G	3.0	Health Assessment I	√	(EXAMPLE)
1								
2								
3								
4								
5								
6								

**DROP**

	DIV	COURSE NUMBER	SECTION	GRADE METHOD	CREDITS	TITLE	Check if repeating course	Instructor Approval
1								
2								
3								
4								
5								
6								

Original Semester Hours \_\_\_\_\_ Adjustment (+/-) \_\_\_\_\_ **NEW SEMESTER HOURS TOTAL** \_\_\_\_\_

IF YOU ARE GOING ON A LEAVE OF ABSENCE: Should my program curriculum or plan of study change or cease during my Leave of Absence, I understand I will be required to follow the curriculum/plan of study offered at the time of my return or reapply for admission to a new program.

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

**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**

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