

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 |
|----------------|-----------|----------------|-------------|--------------|------------|----------------------------|---------------------------|---------------------|
| <i>Example</i> | <i>NR</i> | <i>120.503</i> | <i>0101</i> | <i>G</i> | <i>3.0</i> | <i>Health Assessment I</i> | <i>√</i> | <i>Example</i> |
| 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 _____

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 _____

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

PLEASE RETURN FORM TO THE REGISTRAR'S OFFICE

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