

ADD/DROP FORM



TERM: FALL WINTER SPRING SUMMER

NAME _____

ACADEMIC YEAR:

ADDS, DROPS, & COURSE WITHDRAWS MUST BE COMPLETED BY THE DATE SPECIFIED IN THE SON ACADEMIC CALENDAR. CHANGES WILL NOT BE OFFICIAL UNTIL THIS FORM IS RECEIVED BY THE OFFICE OF STUDENT RECORDS. REMEMBER THE FINAL RESPONSIBILITY FOR SUBMITTING THIS FORM RESTS WITH YOU. BE SURE TO COMPLETE NECESSARY PARTS AND OBTAIN NECESSARY SIGNATURES.

A D D

	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/WITHDRAW

	DIV	COURSE NUMBER	SECTION	GRADE METHOD	CREDITS	TITLE	Drop or Withdraw (D/W)	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.

SIGNATURES: Academic/Faculty Advisor: _____ Effective Date: _____

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

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

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

Student's Signature _____ Date _____

PLEASE RETURN FORM TO THE OFFICE OF STUDENT RECORDS

OFFICE OF STUDENT RECORDS: Received and reviewed by _____ Date Entered _____ Initials _____