

Request to Drop/Add a Course

Please Print

Name: _____
 (First) (Middle) (Last) Social Security # _____

Current Address: _____

City: _____ State: _____ Zip: _____

Phone: (____) _____ - _____ Type (circle one): cell home work

School Year: _____

Fall ___ Spring ___ Summer ___

Program of Study:

FOR OFFICE USE

Drop ✓	Add ✓	Course Number							Section	Online	Course Title	Days	Start Time	End Time	Credit Hours	% Refund Back	Instructor Notified

Student Signature: _____ Date: _____

Advisor Signature: _____ Date: _____

Dropping or adding courses will not be official until processed by the Records and Registration's Office. Dropping classes may affect your financial aid, loan eligibility or car and health insurance. You are encouraged to talk to your advisor regarding changes in your schedule; however, final responsibility for fulfillment of requirements lies with you. By signing this form you indicate you understand this information.

Records and Registration Office Use Only

Received: _____ Processed: _____

Student Info Verified: _____

****After initial registration****

Billing Notified: _____

Fin Aid Notified: _____