



Drop/Add Request

Please Print.

Student Name: _____ Student ID: _____
Last name First Name Middle Name

Semester: Fall Spring Summer Year: _____

COURSES TO BE DROPPED:

COURSE DEPT + NUM	SECTION	INSTRUCTOR	DAYS	TIME	CREDIT HOURS	INSTRUCTOR SIGNATURE	W/WP/WF

Total Credit Hours DROPPED: _____

COURSES TO BE ADDED:

COURSE DEPT + NUM	SECTION	INSTRUCTOR	DAYS	TIME	CREDIT HOURS	INSTRUCTOR SIGNATURE

Total Credit Hours ADDED: _____

Note: Undergraduates must be enrolled in at least twelve (12) credit hours to be a full-time student. Changing your schedule may affect your eligibility for financial aid – please contact a FA counselor if you have a question.

Total Credit Hours Enrolled After Drop/ADD: _____

Student's Signature: _____ Date: _____

Mentor's Signature: _____ Date: _____

Financial Aid Signature: _____ Date: _____

The Drop/Add does not become effective until the charge of \$25.00 is paid to the Business Office and this form is returned to the Registrar's Office.

Business Office Signature: _____ Date: _____

Academic Affairs Office Signature: _____ Date: _____