

## **Drop/Add Request**

Please Print.						request
Student Name:						Student ID:
	Last name	e First N	lame	Mide	dle Name	
Semester: □Fall	r: □Fall □Spring □ Summer				Year:	
COURSES T	TO BE D	ROPPED:				
COURSE DEPT + NUM	SECTION	INSTRUCTOR	DAYS	TIME	CREDIT	INSTRUCTOR SIGNATURE W/WP/WI
COURSES T	TO RE A	DDED:				Total Credit Hours DROPPED:
COURSE DEPT + NUM	SECTION	INSTRUCTOR	DAYS	TIME	CREDIT HOURS	INSTRUCTOR SIGNATURE
						Total Credit House ADDED.
						Total Credit Hours ADDED:  credit hours to be a full-time student. Changing ase contact a FA counselor if you have a question.
Total Credit H	lours Enro	lled After Dro	o/ADD: _			
Student's Signature:						
Mentor's Signature:						Date:
Financial Aid Signature:						Date:
The Drop/Add to the Registra		ecome effective	e until the	e charge	e of \$25.00	0 is paid to the Business Office and this form is returne
Business Office	Signature: _					Date:
Academic Affairs Office Signature:						Date: