

## ADD/DROP FORM

Add/Drop forms will not be accepted after the deadline posted in the academic calendar.

Student ID Number @ _____	Semester: Fall 20 _____ Winter 20 _____ Spring 20 _____ Summer 20 _____
Last Name _____	First Name _____ M. I. _____
Date of Birth _____ / _____ / _____	Primary Phone Number _____ - _____ - _____
Address _____	City _____ State _____ Zip _____

- Are you receiving Financial Aid for this semester?  Yes  No
- Have you spoken with a Financial Aid representative? (strongly recommended)  Yes  No
- Will you be receiving VA benefits? (if yes, contact the VA representative)  Yes  No

**Note:** 50% of tuition is charged for dropped course credits between semester start and Add/Drop deadline unless they are replaced with an equivalent number of course credits.

D R O P	CRN	Subj	Course	Sec	Course Title	Credit	Advisor Notes	Date Advised

A D D	CRN	Subj	Course	Sec	Course Title	Credit	Advisor Notes	Date Advised

**Instructor Override Authorization (sign & date all that apply)**

	CRN	Subj	Course	Sec	Instructor Name & Signature	Date(Required)
<b>Closed Section Override</b>						
<b>Prerequisite Override</b>						

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

**REGISTRAR'S OFFICE SECTION ONLY**

Processed by: \_\_\_\_\_ Date: \_\_\_\_\_ Total Credits Remaining: \_\_\_\_\_

White copy-Registrar's Office    Pink copy-VA Office    Yellow copy-Student