

574 New London Turnpike Norwich CT 06360-6598 Phone 860-215-9064 Fax 860-215-9919

ADD/DROP FORM

_		Add	rop forms <u>ر</u>	will not be a	accepted aff	er the de	adline po	sted in the	e academic calendar,	2		
Student ID Number @						Semester: Fall 20Winter 20Spring 20Summer 20						
Last Name						First Name M. I						
Date of Birth//						Primary Phone Number						
Add	ress	***********	City _	City State								
 Are you receiving Financial Aid for this semester? Have you spoken with a Financial Aid representative? (strongly recommended) 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. 												
	CRN Subj		Course	Sec	Cours	Course Title			Advisor Notes		Date Advised	
D R O P												
A	CRN	Subj	Course	Sec	Cours	Course Title		Credit	Advisor Notes		Date Advised	
D												
Instructor Override Authorization (sign & date all that apply)												
					Course	Sec	Instr	uctor Na	me & Signature	Date	(Required)	
Closed Section Override												
Prerequisite Override												
						Date						
	REGISTRAR'S OFFICE SECTION ONLY											
	Processed by: Date: Total Credits Remaining:											
			White copy-	Registrar's	Office Pi	ink copy-\	/A Office	Yellow	copy-Student			