

ADD/DROP FORM

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

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|------------------------------|---|
| 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 |
|----------------------------|-----|------|--------|-----|--------------|--------|---------------|--------------|
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| A D D | CRN | Subj | Course | Sec | Course Title | Credit | Advisor Notes | Date Advised |
|----------------------|-----|------|--------|-----|--------------|--------|---------------|--------------|
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Instructor Override Authorization (sign & date all that apply)

| | CRN | Subj | Course | Sec | Instructor Name & Signature | Date(Required) |
|--------------------------------|-----|------|--------|-----|-----------------------------|----------------|
| Closed Section Override | | | | | | |
| Prerequisite Override | | | | | | |

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