



Name _____ Date _____

Student # _____ Fall Winter Spring Summer Check here if you are a student athlete

DROP(S)

TERM	DEPARTMENT	COURSE NUMBER	SECTION NUMBER	ABBREVIATED TITLE	CREDIT HOURS	INSTRUCTOR OR DEPARTMENT CHAIR SIGNATURE	DATE SIGNED

ADD(S)

TERM	DEPARTMENT	COURSE NUMBER	SECTION NUMBER	ABBREVIATED TITLE	TIME (BEG)	TIME (END)	DAY(S)	CR. HRS	CHECK IF AUDIT	CHECK IF REPEAT COURSE	INSTRUCTOR OR DEPARTMENT CHAIR SIGNATURE	DATE SIGNED

_____ Processed _____ Date _____
Advisor Signature Student Signature Registrar

Check here if dropping below full time I understand that I am dropping below full time and this may affect my financial account, financial aid status, (below 12 credit hours) eligibility for loans, car or health insurance from outside agencies, or my athletic eligibility.

Drop/Add not official until processed by Registrar's Office

Student Signature