



Original to: Registrar
 Copies to: Mentor
 Bursar
 Financial Aid
 Student

DROP/ADD FORM

SEMESTER _____/20_____

LAST NAME: _____ FIRST NAME: _____

STUDENT ID#: _____ PHONE NUMBER: _____

	CATALOG COURSE CODE	CREDIT HOURS
() Dropping	_____	_____
	_____	_____
	_____	_____
	_____	_____
	_____	_____
() Adding	_____	_____
	_____	_____
	_____	_____
	_____	_____
	_____	_____

TOTAL HOURS *BEFORE* CHANGE _____ TOTAL HOURS *AFTER* CHANGE _____

Reason for change: _____

Academic Advisor Signature Date: _____

Student Signature Date: _____

If dropping only or adding only, please secure Financial Aid or Bursar clearance.

Financial Aid: _____ Date: _____
 Bursar (cash pay students only): _____ Date: _____