

DROP/ADD REQUEST



Please Print.

Student Name: _____ Student ID: _____
Last name First Name Middle Name

Day Student - Fall Spring Mini-Term Sum Session I Sum Session II EWF Year: _____

Flex Student - Fall S1 Fall S2 Spring S1 Spring S2 Summer S1 Summer S2 Year: _____

COURSES TO BE DROPPED:

COURSE NUMBER	SECTION	INSTRUCTOR	DAYS	TIME	CREDIT HOURS	INSTRUCTOR SIGNATURE	W/WP/WF

Total Credit Hours DROPPED: _____

COURSES TO BE ADDED:

COURSE NUMBER	SECTION	INSTRUCTOR	DAYS	TIME	CREDIT HOURS	INSTRUCTOR SIGNATURE

Total Credit Hours ADDED: _____

Note: You must be enrolled in at least twelve (12) credit hours to be a full-time student. Dropping below twelve (12) credit hours may affect your eligibility for financial aid.

Total Credit Hours Enrolled After Drop/ADD: _____

Student's Signature: _____ Date: _____

Mentor's Signature: _____ Date: _____

The Drop/Add does not become effective until the charge of \$25.00 is paid to the Business Office and this form is returned to the Academic Affairs Office.

Business Office Signature: _____ Date: _____

Academic Affairs Office Signature _____ Date: _____