DROP/ADD REQUEST

MARTIN METHODIST COLLEGE

Please Print.

Student Name: _____ **SSN/ID:** _____
Last name First Name Middle Name

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

Flex Student – ☐Module 1 ☐Module 2 ☐ Module 3 ☐ Module 4 ☐ Module 5 ☐ Module 6 **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 $15.00 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:** _____