

Drop/Add Form

SEMESTER: Year: 20____ Fall Spring Summer

Last Name: _____ First Name: _____

Empl. I.D.: _____ or Last 4 ofSSN: _____

Curriculum Plan/Major: _____

If you are a financial aid recipient dropping classes, we recommend that you check with the
Financial Aid Office to determine the effect on your financial aid award.

Class #	Subject	Catalog #	Section #	Lab (L)	Audit (X)	Credits	Teaching Faculty Signature <small>(Required After 60% Deadline)</small>	Date
56506	CHM	111	1			4	Example	
56507	HM	111	LA	L			Example	

DROP

Class #	Subject	Catalog #	Section #	Lab (L)	Audit (X)	Credits	Teaching Faculty Signature <small>(Required for Closed Classes and After Enrollment Permission)</small>	Date
48717	ENG	111	2			3	Example	

ADD

Student Signature: _____ Date: _____

- Reason for Change:
- Overload (Counselor) _____
 - Time Conflict (Counselor) _____
 - Closed Course (Counselor) _____
 - Prerequisite Override (Division Dean or Counselor Only) _____
 - Other _____

Counselor: _____ Date: _____

Dean of Student Services: _____ Date: _____

Student Services: _____ Date: _____