

ADD/DROP FORM

DO NOT USE THIS FORM IF YOU ARE DROPPING ALL CLASSES.

_____ Fall _____ Spring _____ Summer _____ Year Student ID# _____

Name: _____ **Date:** _____

ADD

Department	Course Number	Section Number	Credits	Pass/ Fail Audit
Example: Engl	101	01	3	

DROP

Department	Course Number	Section Number	Credits	Pass/ Fail Audit

Adding/Dropping classes may have financial aid ramifications. If you think this action may impact your scholarships or financial aid, please contact the Financial Aid Office prior to adding or dropping your class(es).

Student's Signature _____ **Date** _____

Instructor's Signature (if required) _____ **Date** _____ *Stamp Required*

Division Chair's Signature (if required) _____ **Date** _____ *Stamp Required*