Student Add/Drop Form

S.S.#_____ -_____-_____ **Term:** _____

Name: _____ **Date:** _____

(Last) *(First)* *(M.I.)*

(Address) *(Phone)*

☐ *Check if this is a Change of Address or Phone*

Add Course(s)

Course/Section	***Credit Hours***

Drop Course(s)

Course/Section	***Credit Hours***

Student Signature *Advisor Signature*

total semester hrs **PRIOR TO CHANGE**	+	total semester hrs **ADDED**	-	total semester hrs **DROPPED**	=	total semester hrs **AFTER CHANGE**

Advisor: Check **all** boxes that apply.

☐ Student is dropping **all courses** *or* from **full time** to **part time**.

_____ *(Financial Aid Signature Required)*

☐ Student is an **intercollegiate athlete**.

_____ *(Athletic Department Signature Required)*

☐ Student is now enrolled in **over 18 hours**.

_____ *(Academic Affairs Signature Required)*

Rev. July 2007