

REQUEST TO DROP/ADD UNDERGRADUATE COURSES

University Registrar's Office



ID Number: _____ Name (print): _____

D R O P	DEPT. NAME	COURSE #	SECTION	SEM. HR.	COURSE TITLE	INSTRUCTOR'S NAME

A D D	DEPT. NAME	COURSE #	SECTION	SEM. HR.	COURSE TITLE	INSTRUCTOR'S NAME

1. Indicate **reason** for change in courses: _____
2. Indicate total number of **semester hours** this term (after change): _____
3. **If changing from full-time to part-time:**
 - obtain Financial Assistance Office signature: _____
 - obtain Student Life signature: _____
 - **Students with F-1 Visa:** obtain International Student Advisor approval: _____
4. Obtain **advisor's signature** to approve change: _____
5. If dropping a course after the fifth day of the semester, obtain **instructor's signature:** _____
6. **Sign:** _____ **Date:** _____

OFFICE USE ONLY Date Received: _____ Computer Entry By: _____
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