ROGERS STATE UNIVERSITY

DROP/ADD FORM

Student ID: __ __ __ __ - __ __ __ __ __

Date: _____

Fall Spring Summer 20__ __

LAST NAME **FIRST NAME** **MI** **MAIDEN NAME**

COURSES DROPPED

Office Use Only	ZAP Number	Course Prefix	Course Number	Section Number	Time	Day	Room Number	Instructor	Sem. Hours
Example	2456	MATH	1513	001	12:30	MWF	TL 102		3

COURSES ADDED

Office Use Only	ZAP Number	Course Prefix	Course Number	Section Number	Time	Day	Room Number	Instructor	Sem. Hours
Example	2429	MATH	0113R	001					3

Obtain approvals in the following order: **(1) Advisor**, **(2) Instructor/Head of Dept.** on closed classes or late enrollments, **(3) Financial Aid**, and (4) **Office of the Registrar**.

Advisor: _____ Financial Aid: _____ Registrar: _____

Student Signature: _____

Drop/Add is not official until processed in the Office of the Registrar.

06/25/08