



Student ID: _____

Date: _____

Fall Spring Summer 20__

WITHDRAWAL/DROP/ADD FORM

LAST NAME

FIRST NAME

MI

MAIDEN NAME

COURSES DROPPED/WITHDRAWN

Course Prefix	Course Number	Section Number	Time	Day	Room Number	Instructor	Sem. Hours
MATH	1513	001	12:30	MWF	TL 102		3

COURSES ADDED

Course Prefix	Course Number	Section Number	Time	Day	Room Number	Instructor	Sem. Hours
MATH	1513	001	12:30	MWF	TL 102		3

Obtain approvals in the following order: (1) **Advisor**, (2) **Financial Aid**, (3) **Office of the Registrar**, (4) Department Head and Dean on closed courses or late enrollments

Advisor: _____ Financial Aid: _____ Registrar: _____

Student Signature: _____

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