



Semester/Year: Fall _____ Spring _____ Summer _____

Student Name: _____ Student ID: F00 _____

DROP				
Subject	Course #	CRN (ex: 11215)	Section (ex: 0, J, DCA)	# credits
Subject	Course #	CRN (ex: 11215)	Section (ex: 0, J, DCA)	# credits

Tuition refunding and grade info for

ADD					
Subject	Course #	CRN (ex: 11215)	Section (ex: 0, J, DCA)	# credits	Comments
Subject	Course #	CRN (ex: 11215)	Section (ex: 0, J, DCA)	# credits	Comments

AUDIT					
Subject	Course #	CRN (ex: 11215)	Section (ex: 0, J, DCA)	# credits	Comments
Subject	Course #	CRN (ex: 11215)	Section (ex: 0, J, DCA)	# credits	Comments

By signing this form, I understand that I am responsible to pay any and all tuition, fees, or charges on my student account related to these registration changes. I understand that an add/drop may affect my financial aid, housing, athletic eligibility, international visa (if applicable), or rate of degree completion.

Instructor Signature (if less than 1 week prior to course start): _____

Student Signature: _____

Date: _____

Processed by: _____	OFFICE USE ONLY
Date: _____	