

**DROP/ADD FORM**

Semester:  1  J-T  2  SC

NAME: \_\_\_\_\_ SID \_\_\_\_\_  
 Last First M.I.

Courses to be <b>DROPPED</b>				Courses to be <b>ADDED</b>			
Class No.	Course Title & Abbr.	Section	Credits	Class No.	Course Title & Abbr.	Section	Credits

I understand that dropping this class may affect my financial aid, health insurance, athletic eligibility, INS status, Vets Benefits, tuition, and/or progress towards degree.  
 With the above changes, I am now registered for \_\_\_\_\_ credits.

*Student's Signature X* \_\_\_\_\_ *Date* \_\_\_\_\_  
*Advisor's Signature X* \_\_\_\_\_ *Date* \_\_\_\_\_

*For Registrar's Office use only:*  
 Processed by: \_\_\_\_\_  
 Date: \_\_\_\_\_

(Undergrad students are required to obtain their advisor's signature except during the first week of classes.) 03-6000-38 (Rev 08/2010)

**THIS SLIP MUST BE RETURNED TO THE REGISTRAR'S OFFICE TO COMPLETE THE DROP/ADD PROCESS**

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