



(715) 394-8228 (office)
(715) 394-8040 (fax)

www.uwsuper.edu/registrar

Old Main 139, P.O. Box 2000 • Superior, WI 54880

Registrar's Office

DROP/ADD FORM

Student Name _____ SID _____ Term/Year _____
Last First M.I.

| COURSES TO BE ADDED | | | | | | COURSES TO BE DROPPED | | | | | |
|---------------------|------|-----|------|-------|----|-----------------------|------|-----|------|-------|-----|
| Class # | Subj | No. | Sec. | Title | Cr | Class # | Subj | No. | Sec. | Title | Cr. |
| | | | | | | | | | | | |
| | | | | | | | | | | | |

With the above changes, I am now registered for _____ credits.

I understand that dropping this class may affect my financial aid, health insurance, athletic eligibility, immigration status, Veteran benefits, tuition, and/or progress towards degree.

For Registrar's Office use only:

Processed by: _____

Date: _____

Student's Signature _____ Date _____

Instructor's Signature _____ Printed Name _____ Date _____

(Instructor's signature is required to add a class from the 6th through the 10th day of each term AND approves ANY condition be overridden for admittance to the course or independent study such as class capacity, pre-req completion, time conflict, etc.)

Advisor's Signature _____ Printed Name _____ Date _____

(Advisor's signature indicates s/he is aware of this action).

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



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