

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

				DRO	Ρ/Δ1	DD FO	RM					
Student Name Last First COURSES TO BE ADDED								m/Year				
							COLL	DPODDED				
							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.											Registrar's Office: Processed by: Date:	
☐ 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.										Cashier's Office:	Cashier's Office: Processed by:	
Student's Signature						Date				Date:		
Instructor's Signature(Instructor's signature is required to add a class from the 6th through the 10th day of each te												
	Registra	r's Office		Old Main 139, P.O. Box 2000								
						DD FO						
Student Name Last First						M.I.	SID		Те	rm/Year	_	
COURSES TO BE ADDED						COURSES TO BE DROPPED						
Class #	Subj	No.	Sec.	Title	Cr	Class #	Subj	No.	Sec.	Title	Cr.	
	Vith the above changes, I am now registered for credits. I understand that dropping this class may affect my financial aid, health insurance, athletic eligibility,										Registrar's Office: Processed by: Date:	
Immigration status, Veteran benefits, tuition, and/or progress towards degree. Student's Signature Date										Cashier's Office: Processed by:		
Instructor	's Siana		P	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.)