

DROP/ADD FORM

*For courses added during the add period and for
 Courses dropped prior to the census date (10%)*

TERM 20____ **FALL** **SPRING** **SUMMER**

Name _____ ID Number _____
 Last First MI

DROP				
<i>Student Completes These Blocks</i>				
Course Dept. & Number	Section	Title	Credit Hours	Instructor

Reason for Drop: _____

ADD				
<i>Student Completes These Blocks</i>				
Course Dept. & Number	Section	Title	Credit Hours	Instructor

REFUND POLICY:

Courses dropped before 1st day of classes: 100%
 Courses dropped on or after the 1st day of classes, but before 10% date: 75%.

Student Signature Date

Student Records Signature Date

Advisor / Dean Signature Date