



ADD/DROP/WITHDRAW FORM

STUDENT NAME: _____ DATE: _____

STUDENT EMAIL: _____ STUDENT ID #: _____

SEMESTER/YEAR _____ DEGREE PROGRAM: _____

ADD

Course #	Course Title	Days	Time	Instructor

DROP/WITHDRAW

Please see the academic calendar for deadline dates. Dropping or withdrawing from classes may affect your financial aid. International student visa status may also be impacted.

Course #	Course Title	Days	Time	Instructor

Student Signature: _____ DATE: _____

Faculty Advisor Signature: _____ DATE: _____

Registrar Signature: _____ DATE: _____