CLASS ADD OR DROP FORM

Fall _____ Spring _____ Semester 20_____  

One form required for each class change

NAME: ___________________________________________ ID No. ____________________________
(last) (first) (m.i.)

Student Signature __________________________ Email __________________________ Phone _______________________

CHECK ONE: ADD _____ DROP _____

LIST COURSE:

DEPT ______ Course ______ Sec. ______ Hrs. _____

Advisor Signature __________________________
(Need at least 1 advisor’s signature and should consult all.)

Class Instructor’s Signature needed if the following conditions apply:

Instructor permission required __________________________
Add over class size limit __________________________
Waive Prerequisites __________________________
Time Conflict (need both instructors’ signatures)
1. __________________________ 2. __________________________

*NOTE: Because of the wide range of individual situations on insurance, loan repayment, and other matters outside of the college, students who will drop below 12 hours should consult their own appropriate sources for correct information on these topics. Difficulties may include:

1. Ineligibility for intercollegiate sports for the remainder of the semester.
2. Becoming ineligible to participate in other extra-curricular activities.
3. Changes in financial aid and/or loss of deferment of student loan repayment.
4. Loss of health insurance coverage under a parental policy
5. Loss of eligibility for discounts in car insurance
6. Loss of ability to live in the residential halls without special permission from the Director of Residential Life.

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For REGISTRAR’S OFFICE USE:

Date form is filed __________________ Entered in the computer by: ______________

SPECIAL APPROVALS:

Overloads (over 20 hours) or Special Circumstances
Signature of the Academic Dean of the College
______________________________
Date ________________

Less than full-time (12 hours) *
Approval to remain in the residence halls
Signature of the Director of Residential Life
______________________________
Date ________________

Athletic Director Notified by ______________
Date ________________

*Approval to remain in the residence halls
Signature of the Director of Residential Life
______________________________
Date ________________