

NAME: \_\_\_\_\_ ID NUMBER: \_\_\_\_\_

E-MAIL: \_\_\_\_\_ @ \_\_\_\_\_ CELL #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

STUDENT STATUS:  Freshman  Sophomore  Junior  Senior  
 Dual Enrolled  ELI  Graduate  Post Baccalaureate

**DROP**

**ADD**

**FALL**

SUBJECT	COURSE #	SECT	HRS	INSTRUCTOR SIGNATURE

SUBJECT	COURSE #	SECT	HRS	INSTRUCTOR SIGNATURE

**SPRING**

SUBJECT	COURSE #	SECT	HRS	INSTRUCTOR SIGNATURE

SUBJECT	COURSE #	SECT	HRS	INSTRUCTOR SIGNATURE

**MST/May Term**

SUBJECT	COURSE #	SECT	HRS	INSTRUCTOR SIGNATURE

SUBJECT	COURSE #	SECT	HRS	INSTRUCTOR SIGNATURE

**AST/1<sup>st</sup> Eight-Week**

SUBJECT	COURSE #	SECT	HRS	INSTRUCTOR SIGNATURE

SUBJECT	COURSE #	SECT	HRS	INSTRUCTOR SIGNATURE

**BST/2<sup>nd</sup> Eight-Week**

SUBJECT	COURSE #	SECT	HRS	INSTRUCTOR SIGNATURE

SUBJECT	COURSE #	SECT	HRS	INSTRUCTOR SIGNATURE

**CST/1<sup>ST</sup> Five-Week**

SUBJECT	COURSE #	SECT	HRS	INSTRUCTOR SIGNATURE

SUBJECT	COURSE #	SECT	HRS	INSTRUCTOR SIGNATURE

**DST/2<sup>ND</sup> Five-Week**

SUBJECT	COURSE #	SECT	HRS	INSTRUCTOR SIGNATURE

SUBJECT	COURSE #	SECT	HRS	INSTRUCTOR SIGNATURE

**Other**

SUBJECT	COURSE #	SECT	HRS	INSTRUCTOR SIGNATURE

SUBJECT	COURSE #	SECT	HRS	INSTRUCTOR SIGNATURE

\_\_\_\_\_ I will be additionally charged for anything over 17 hours

\_\_\_\_\_ I acknowledge that dropping below 12 hours may affect my financial aid eligibility.

COMMENTS \_\_\_\_\_

Student: \_\_\_\_\_ Date: \_\_\_\_\_

Adviser: \_\_\_\_\_ Date: \_\_\_\_\_

Registrar: \_\_\_\_\_ Date: \_\_\_\_\_