

- Spring 20 \_\_\_\_\_
- Summer 20 \_\_\_\_\_
- Fall 20 \_\_\_\_\_

# Office of the Registrar ADD/DROP Form



H \_\_\_\_\_ Name: \_\_\_\_\_  
 (9-digit Student ID) Last First

**\*Any student registering for an online course will be assessed an online fee.  
 Included in the online fee is a charge for authenticating online student identity.**

### Registration Requests

<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> CRN	_____ SUBJECT _____ COURSE NO.	<input type="checkbox"/> ADD <input type="checkbox"/> DROP <i>(Advisor's signature required after add/drop period)</i>	<input type="checkbox"/> CLOSED COURSE <i>(Dean's signature required)</i> <input type="checkbox"/> TIME CONFLICT <i>(Dean's signature required)</i> <input type="checkbox"/> ADMINISTRATIVE (check one): ___ ADD ___ DROP <i>(See required signatures below)</i>
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Check all that apply, ALSO a signature is necessary from the corresponding representative:

1. <input type="checkbox"/> VA Benefits Recipient _____ <small>(VA REP. SIGNATURE AFTER CENSUS DATE)</small>	2. <input type="checkbox"/> Student Athlete _____ <small>(DIRECTOR OF ATH. SIGNATURE REQUIRED FOR ALL DROPS)</small>
3. <input type="checkbox"/> Drop Below Full-time _____ <small>(FINANCIAL AID AND INTERNATIONAL STUDENT OFFICE SIGNATURE REQUIRED AFTER CENSUS DATE)</small>	4. <input type="checkbox"/> International Student _____

**Last date of attendance (for Drops only):** \_\_\_\_\_

Please explain reason for request: \_\_\_\_\_

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Approved    Disapproved   \_\_\_\_\_ Required Signature   \_\_\_\_\_ Date

**The Dean's signature required only when adding a closed course or adding or dropping after the scheduled time period.**

<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> CRN	_____ SUBJECT _____ COURSE NO.	<input type="checkbox"/> ADD <input type="checkbox"/> DROP <i>(Advisor's signature required after add/drop period)</i>	<input type="checkbox"/> CLOSED COURSE <i>(Dean's signature required)</i> <input type="checkbox"/> TIME CONFLICT <i>(Dean's signature required)</i> <input type="checkbox"/> ADMINISTRATIVE (check one): ___ ADD ___ DROP <i>(See required signatures below)</i>
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**Last date of attendance (for Drops only):** \_\_\_\_\_

Please explain reason for request: \_\_\_\_\_

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Approved    Disapproved   \_\_\_\_\_ Required Signature   \_\_\_\_\_ Date

### Pass/Fail & Audit Designation

*(Classes must be designated as Pass/Fail by the end of the Add/Drop period.)*

<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> CRN	_____ SUBJECT _____ COURSE NO.	<input type="checkbox"/> PASS/FAIL <input type="checkbox"/> AUDIT
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Dean's signature: \_\_\_\_\_

**FOR ADMINISTRATIVE ADD/DROP ONLY**

Processed by: _____	Associate Provost / Provost (if necessary) _____	Date: _____
Student's signature: _____	Date: _____	