

Student ID # _____

ADD/DROP REQUEST

	Last Name	First Name	Student Signature	Date	Advisor Signature	Date
	Course No.	Course Title	Cr.	Semester	Instructor Signature*	
ADD						
DROP <small>(after last day to drop, "W"=withdraw)</small>						

International Students must obtain additional consent _____

*Required after 1st week of class
Credits before changes _____
Credits after changes _____

Records Office _____ Date _____

All students must carry at least 12 credits per semester to maintain full-time status. Check the refund schedule in the catalog for tuition refund amount.

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