



## ADD/DROP FORM

Student ID/ J Number:

Today's Date:

Student Name:

Effective Term:

Date of Birth:

Degree Program:

Changes to a student's schedule including course drops, or additions may impact financial aid eligibility and billing. Any unpaid financial obligations may be referred to an external collection agency. Students will be responsible for all associated collection fees and legal costs, which will be added to the total amount owed.

By initialing student understands financial implications to schedule changes. Initials \_\_\_\_\_

**Are you dropping all courses?**

Yes ☐ No ☐

- If yes, Financial Services signature is required.

Financial Services Signature: \_\_\_\_\_

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

**Are you an East Hall residential student dropping below 15 credits?**

Yes ☐ No ☐

- If yes, student must meet with the Associate Vice President of Student Affairs and receive a signature prior to the drop date deadline.

AVP of Student Affairs Signature: \_\_\_\_\_

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

**Are you a student-athlete?**

Yes ☐ No ☐

- If yes, student must meet with the Director of Athletics and receive a signature prior to the drop date deadline.

Director of Athletics Signature: \_\_\_\_\_

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

**Are you a member of any of the following populations?**

Yes ☐ No ☐

☐ Active Duty ☐ Excelsior ☐ International ☐ Opportunity Program ☐ Reconnect ☐ Veteran

- Course withdrawals may impact eligibility for program funding. It is important to confirm how a withdrawal may impact future benefits with program staff.

**DROP:**

CRN	Course	Reason

See page 2 for course adds, overrides, and required signatures for processing.

## ADD/DROP FORM

### ADD:

CRN	Course	Comments and Approval as needed

Student Signature: \_\_\_\_\_

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

Advisor Printed Name *if not completing electronically*:

Advisor Signature: \_\_\_\_\_

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

### Override Request

To request enrolling a student in a course that requires an override, please complete this section and email the information to the appropriate person (Dept Chair or AVP). The completed form and email approval should be forwarded to the Registrar if action is taken after the course has started.

Reason for Override Request:

Course is at Capacity ☐

Course is past the Add date ☐

Other: \_\_\_\_\_

Does the student need the course to graduate this semester? ☐Yes ☐No

Are there other courses the student could take? ☐Yes ☐No

List the course(s): \_\_\_\_\_

Is the course a pre- or co-requisite for another course the student is taking? ☐Yes ☐No

Is the course a prerequisite for a course the student is taking next semester? ☐Yes ☐No

Processed by: \_\_\_\_\_  
Enrollment Services Initials      Date

Credit hours \_\_\_\_\_ and \_\_\_\_\_  
before                      after