



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 _____