



**OFFICE OF THE REGISTRAR
Add/Drop/Withdrawal Form**

Name _____ ID Number _____

Semester: Fall Spring Summer Year 20_____

DROP:

Course Reference Number (CRN)	Course Name, Number & Section (ex: ARC 1213-02)	Department Chair Authorization (if required)	Office of the Registrar use only

Reason for drop/withdrawal Financial Academic workload Course dissatisfaction Personal
 Instructor dissatisfaction Other _____

Would you like to an advisor to contact you to discuss your enrollment or the reason for your drop/withdrawal? Yes No

ADD:

Course Reference Number (CRN)	Course Name, Number & Section (ex: ARC 1213-02)	Department Chair Authorization (if required)	Office of the Registrar use only

By registering for the course(s) indicated, I agree to pay the assessed tuition in accordance with the established University deadlines. I further agree to abide by all established University policies and procedures that are published in the Undergraduate and Graduate catalogs as well as on the University's website.

I also understand that if I am dropping a course after the 100% tuition refund period, I will not receive a refund for the course. I further understand that the Registration Fee is non-refundable, despite any dropping of courses that may occur.

Student Signature (required) **Date**

Advisor Signature (if required) **Date**

Registration Processed by: _____
Office of the Registrar Staff Signature Date