Drop/Add Form

Semester: ☐ fall ☐ spring ☐ summer I ☐ summer II Year: ___________

Student’s full name (Please PRINT):

Student Banner ID: 9 0 0 _ _ _ _ _ _

________________________________     ______________________________     ______________________________
First Name             Middle Name              Last Name

This is a petition to

_____ ADD       _____ DROP

Call Number          Course Department           4-digit Course Number       Section Number

Extenuating reason for drop or add:
__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________

Signatures must be obtained in the order listed:

Student

Instructor                      Date

Department Chairperson          Date

Dean (or designee) 100 I.G. Greer Hall Date

The completed form must be taken to the Registrar’s Office, room 109 J.E. Thomas Hall.

Dean’s Office Use Only

_____ Drop is to be counted as one of the four allotted drops.
_____ Drop is NOT to be counted as one of the four allotted drops.

NOTE TO STUDENT: Please take this form to the Dean’s Office, 100 I.G. Greer Hall, within two days of obtaining the department chair’s signature.