

TERM: _____

Name: _____ <small>Last First M.I.</small>					SID: _____				
DROP					ADD				
CRN	Subject	Course #	Section	Course Name	CRN	Subject	Course #	Section	Course Name
REASON FOR DROP:					Full-time Students: If you are dropping below 12 hours, to receive financial aid or to participate in athletics, consult an advisor before making the change.				

DATE FORM RECEIVED _____ *(Refunds calculated on that date)*

ADVISOR SIGNATURE _____ Date _____
(Advisor's signature required for all ADDs except section changes)

STUDENT SIGNATURE _____ Date _____

_____ Day	_____ SAL	_____ Grad
_____ Complete Drop		
_____ Date Processed		
_____ Initials		