



Registrar's Office Add/Drop Request

Please complete this form, sign, date and submit request in person to Registrar's Office, SSC L157.

INFORMATION

First Name	MI	Last Name
Semester and year <i>(please check only one)</i> :		Banner ID Number
<input type="checkbox"/> Fall _____ <input type="checkbox"/> Spring _____ <input type="checkbox"/> Summer _____ <input type="checkbox"/> Other _____		
Are you receiving financial aid? <i>(please check only one)</i> : <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you a veteran? <i>(please check only one)</i> : <input type="checkbox"/> Yes <input type="checkbox"/> No
I am currently registered for _____ credit hours and agree to pay for added credit hours if applicable.		
Student Signature <i>(required)</i>		Date

ADD: PLEASE LIST COURSES. Note: it is the student's responsibility to know and follow course prerequisites and corequisites.

CRN	SUBJECT	TITLE	CREDITS	DAY(S)	TIME	PREREQS MET

DROP: PLEASE LIST COURSES.

CRN	SUBJECT	TITLE	CREDITS	DAY(S)	TIME	PREREQS MET

FOR REGISTRAR OFFICE USE ONLY

Staff Signature _____

Date ____/____/____