

## Add/Drop Form

Graduate Studies     Nursing     Health Professions     Medicine - MPH program only

NAME: \_\_\_\_\_ Student ID #: \_\_\_\_\_ Semester/Year  
 Matriculated?  Yes  No If Yes, Program \_\_\_\_\_ Class Year \_\_\_\_\_  Fall  
 Status:  Undergraduate  Graduate  Spring  
 Year 20 \_\_\_\_\_  Summer

- INSTRUCTIONS:**
- List courses to be added and/or dropped in appropriate spaces below.
  - Check box for Adding or Dropping course
  - Obtain appropriate signatures.
  - Pay tuition and fees at Bursar's Office  
 (as required. **NOTE:** Add/Drop will not be processed if required late fee is not paid.)
  - Return completed form to the Registrar's Office

	CRN	SUBJECT	COURSE NUMBER	SECTION NUMBER	TITLE	CREDITS	INSTRUCTOR'S SIGNATURE
<input type="checkbox"/> Add <input type="checkbox"/> Drop							
<input type="checkbox"/> Add <input type="checkbox"/> Drop							
<input type="checkbox"/> Add <input type="checkbox"/> Drop							
<input type="checkbox"/> Add <input type="checkbox"/> Drop							
<input type="checkbox"/> Add <input type="checkbox"/> Drop							
<input type="checkbox"/> Add <input type="checkbox"/> Drop							

\_\_\_\_\_ **TOTAL SEMESTER CREDITS**  
 Student Signature Date AFTER THIS TRANSACTION: \_\_\_\_\_  
 \_\_\_\_\_  
 Advisor's Signature (Matriculated Students Only) Date

**College of Graduate Studies required additional approvals:**

\_\_\_\_\_ Date \_\_\_\_\_ Dean's Signature \_\_\_\_\_ Date