

## **OFFICE OF THE REGISTRAR**

155 Elizabeth Blackwell Street Syracuse, New York 13210 Phone: 315-464-4604

Fax: 315-464-8822 email: registrar@upstate.edu

## Add/Drop Form

NAME:					Student ID #:		Semester/Year Fal Spring
NAME: Matriculated?					Class Year		Summer
Status: Undergraduate Graduate							Year <u>20</u>
NSTRUCTI	ONS: 1. 2. 3. 4. 5.	Check box for Obtain approp Pay tuition and	Adding or Doriate signated the signates of the signates of the signature o	ropping cour ires. sar's Office rop will not b	pe processed if required late fee is not paid	.)	
	CRN	SUBJECT	Course Number	Section Number	Тітц	CREDITS	Instructor's Signature
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Student Signature				Date	Advisor Signature (Matriculated Students Only)		Date
College	of Graduate	e Studies requi	red addition	al approvals:	:		