UPSTATE
MEDICAL UNIVERSITY

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

☐ *Graduate Studies* ☐ *Nursing* ☐ *Health Professions* ☐ *Medicine - MPH program only*

Semester/Year
☐ Fall
☐ Spring
☐ Summer
Year _____

NAME: _____ Student ID #: _____
Matriculated? ☐ Yes ☐ No If Yes, Program _____ Class Year _____
Status: ☐ Undergraduate ☐ Graduate

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

	CRN	Subject	Course Number	Section Number	Title	Credits	Instructor's Signature
☐ Add ☐ Drop							
☐ Add ☐ Drop							
☐ Add ☐ Drop							
☐ Add ☐ Drop							
☐ Add ☐ Drop							
☐ Add ☐ Drop							

Student Signature	Date	Advisor Signature *(Matriculated Students Only)*	Date

College of Graduate Studies required additional approvals:

Department Chair Signature	Date	Dean's Signature	Date

College of Nursing required additional approvals for drops only:

Department Chair Signature	Date