

**ADD-DROP FORM**  
THIS FORM SHOULD ONLY BE USED  
FOR STUDENTS WHO CANNOT  
REGISTER/DROP ON-LINE  
All others must use SELF SERVICE

I.D. NUMBER:  or  
S.S. NUMBER:  -  -

TERM: \_\_\_\_\_ / \_\_\_\_\_  
YEAR SESSION

NAME: \_\_\_\_\_  
LAST FIRST MIDDLE

ADDRESS: \_\_\_\_\_  
STREET CITY STATE ZIP

LOCAL PHONE: (\_\_\_\_) \_\_\_\_\_ WORK PHONE: (\_\_\_\_) \_\_\_\_\_

**REGISTER/ADD**

**DROP**

DEPT.	COURSE NO.	SEC.	TITLE	DEPT.	COURSE NO.	SEC.	TITLE

TOTAL CREDITS REGISTERED THIS SEMESTER: \_\_\_\_\_

I, the undersigned student, agree that I am responsible for this course selection and that I will be held liable for any tuition, fees & collection charges incurred by me as a result of failure to withdraw from the above course(s) during the specified withdrawal period.

\_\_\_\_\_  
STUDENT SIGNATURE DATE

\_\_\_\_\_  
ASST. OR ASSOC. DEAN SIGNATURE (when required) DATE PROGRAM DIR. SIGNATURE (when required) DATE

The Asst. /Assoc. Dean Signature above is to approve the following: \_\_\_\_\_

\_\_\_\_\_  
REGISTRAR'S OFFICE SIGNATURE DATE