



Name:		Student #:	
Term: <i>(please check one)</i>	Year:	Date:	
Spring _____	Fall _____		
DROP		ADD	
Course		Course	
Section		Section	
Credit Hours		Credit Hours	
Instructor's signature		Instructor's signature	
Course		Course	
Section		Section	
Credit Hours		Credit Hours	
Instructor's signature		Instructor's signature	
Course		Course	
Section		Section	
Credit Hours		Credit Hours	
Instructor's signature		Instructor's signature	
Course		Course	
Section		Section	
Credit Hours		Credit Hours	
Instructor's signature		Instructor's signature	
Advisor/Department Head Signature: (Required)			
Honors Courses Approval:			
Note to Athletes: <i>Any changes to your schedule that would put you below full-time status (12 hours) require the Compliance Officer's signature.</i>			
Compliance Officer's signature:			
Signature required if Military		Military (please check one)	
VA Coordinator Signature: _____		Yes: _____ No: _____	
This form must be returned to the Registrar's Office before the end of the DROP/ADD period for changes to be made.			