

REQUEST FOR LATE CLASS DROP/ADD

Name: _____ Identification Number: _____
Please Print

Date form completed: _____ Circle One: Freshman Sophomore Junior Senior Graduate

Class(es) you would like to add: _____

Signature of Instructor for added class(es) _____

Class(es) you would like to drop: _____

Signature of Instructor for dropped class(es) _____

Signature of Advisor _____

Signature of Department Chair _____

College Dean's Signature (For adds only) _____

Date _____

GRADUATE STUDENTS ONLY:

Do you have an assistantship? _____

Signature of Dean of Graduate Studies _____

Please indicate below why you wish to drop or add the above course(es) late.

Student's Signature _____

Date _____

DO NOT WRITE BELOW THIS LINE

Drop with Refund _____(Yes) _____(No)

Add Approved _____(Yes) _____(No)

Drop with a "W" _____(Yes) _____(No)

Date Transaction Completed _____

Signature _____