

~ADD/DROP REQUEST FORM~

PICTURE ID REQUIRED WHEN SUBMITTING THIS FORM

IF YOU INTEND TO **DROP ALL COURSES** THIS SEMESTER, **DO NOT USE THIS FORM.**
 GO TO THE OFFICE OF STUDENT SUCCESS, IN THE STRAND UNION BLDG., ROOM 177, TO DISCUSS A UNIVERSITY WITHDRAWAL.
 OTHERWISE, RETURN THIS FORM TO THE OFFICE OF THE REGISTRAR, ROOM 101 IN MONTANA HALL.

 **Instructions, to be followed in the order listed:**

1. Enter your information - use **ink** or fill the form online
2. Enter the course information - use **ink** or fill the form online.
3. The course instructor must sign approval.
4. Ask your advisor to sign the form, if needed.*
5. Ask your Academic College Dean to sign the form, if needed.*
6. **Student Athletes** *must* have an Athletic Academic Coordinator's signature.
7. Return this form, with YOUR signature, to the Registrar's Office, Room 101, Montana Hall. You *must* present a picture ID with this form.



STUDENT ID#: _____ **NAME** (LAST, FIRST MIDDLE): _____

TERM: _____ **AND YEAR:** _____ **SIGNATURE:** _____

SPRING, SUMMER, OR FALL

PLEASE COMPLETE FORM IN INK, OR COMPLETE ONLINE, PRINT, SIGN IN INK AND OBTAIN REQUIRED SIGNATURES

ADD

CRN	SUBJECT	NUMBER	SECTION	CREDITS	TITLE	INSTRUCTOR'S SIGNATURE OF APPROVAL	DATE

DROP

CRN	SUBJECT	NUMBER	SECTION	CREDITS	TITLE	INSTRUCTOR'S SIGNATURE OF APPROVAL	DATE

Signature of Academic Advisor _____ **Date** _____

*Signature needed if adding after the 5th semester day or if dropping after the 10th semester day.

Signature of Academic College Dean _____ **Date** _____

*Signature needed if adding after the 10th semester day or if dropping after the official withdrawal deadline.
 Grad Students: go to The Graduate School.

Student Athlete's Athletic Academic Coordinator: _____