

DROP/ADD FORM

For Office Use RGCHCOUR	TERM *
*Required Field	
EFFECTIVE DATE	

* Campus ID (C#)	* Canelink ID (5#)	* Student Name (Last, First, Middle Initial)	* School/Program/Plan
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Email Address: _____ Phone Number (WHERE WE CAN REACH YOU): _____

DROPS			UNDERGRADUATES: DROPPING BELOW 12 CREDITS MAY JEOPARDIZE YOUR FINANCIAL AID					ADDS								
Subject	Catalog #	Section	Class #	* # OF CREDITS	U / G	CREDIT ONLY	COMMENTS AND OR OVERRIDE SIGNATURES	Subject	Catalog #	Section	Class #	* # OF CREDITS	U / G	CREDIT ONLY	COMMENTS AND/OR OVERRIDE SIGNATURES	REASON FOR OVERRIDE PLEASE CHECK & INITIAL
																<input type="checkbox"/> Time Conflict <input type="checkbox"/> Requisites <input type="checkbox"/> Closed Class <input type="checkbox"/> Unit Load <input type="checkbox"/> Class Permission
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COMMENTS: **NOTE: JUSTIFICATION MUST BE PROVIDED BY THE DEAN WHEN FEES ARE WAIVED OR RETROACTIVE DATES RECOMMENDED (PLEASE INCLUDE SIGNATURE)**

_____ DEAN SIGNATURE	_____ DEAN PRINT NAME	_____ DATE	_____ PHONE NUMBER	Maximum number of Credits approved by Dean: _____
_____ ADVISOR SIGNATURE	_____ ADVISOR PRINT NAME	_____ DATE	_____ PHONE NUMBER	
_____ STUDENT SIGNATURE	_____ DATE			

1 - REGISTRAR COPY	I ACCEPT THE FINANCIAL TERMS OF ENROLLMENT AND TITLE IV NOTIFICATION *Note: Dean's signature required for credit overload, dropping or adding after the deadline, backdating and exceptions within individual schools. Student is also responsible for the financial responsibility and the federal Title IV notification on back of this form.	ATHLETICS PERMISSION SIGNATURE: _____	FOR REGISTRATION ONLY: PROCESSED BY: _____
2 - ACADEMIC DEAN'S COPY			DATE: _____
3 - STUDENT'S COPY			REV: 9/26/18