



Name _____
 Last First Middle
 ● Fall ● Spring ● Summer 20____ Date ____/____/____ Student Phone _____

ADD

Course prefix & number Ex. CR 101	Section # Ex. 01	Course Title	Credit Hours	Approval (Required if course pre-req is waived, or overload is approved)

DROP

Course prefix & number Ex. CR 101	Section # Ex. 01	Course Title	Credit Hours	Approval (Required after class has been attended or when a major course is dropped)

A minimum of 12 semester hours are required for full-time status.
 Check your online schedule to confirm changes.

Official Use Only:

Total semester hours: _____
Course Grade: <input type="checkbox"/> Dropped <input type="checkbox"/> W <input type="checkbox"/> WF
Processed by: _____ Date: _____

Student Signature: _____



Name _____
 Last First Middle
 ● Fall ● Spring ● Summer 20____ Date ____/____/____ Student Phone _____

ADD

Course prefix & number Ex. CR 101	Section # Ex. 01	Course Title	Credit Hours	Approval (Required if course pre-req is waived, or overload is approved)

DROP

Course prefix & number Ex. CR 101	Section # Ex. 01	Course Title	Credit Hours	Approval (Required after class has been attended or when a major course is dropped)

A minimum of 12 semester hours are required for full-time status.
 Check your online schedule to confirm changes.

Official Use Only:

Total semester hours: _____
Course Grade: <input type="checkbox"/> Dropped <input type="checkbox"/> W <input type="checkbox"/> WF
Processed by: _____ Date: _____

Student Signature: _____