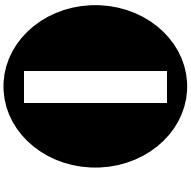
CHANGE OF REGISTRATION: # DROP FORM



**COMPLETE steps # 1-3 IN ORDER, PAY the FEE* in the Business Office;
then RETURN this form to the Academic Records Office!**

Step#1: STUDENT'S Name: _____

COURSE to DROP: ID_____ TITLE_____ Credit Hours _____

I accept responsibility for this change in my academic program. I will be enrolled in _____ credit hours after this change.

_____ _____
Student's Signature Date

Step#2: ACADEMIC ADVISOR

I have discussed this change with my advisee. I (circle one) AGREE/DO NOT AGREE with her decision to drop this course. Comments:

_____ _____
Academic Advisor's Signature Date

Step#3: INSTRUCTOR

I have discussed this change with the student. I (circle one) AGREE/DO NOT AGREE with her decision to drop this course.

_____ _____
Instructor's Signature Date

NOTE: If a full-time (residential or commuter) student's load will fall below 12 credits, the approval of the Assistant Dean of the Faculty is required.

YES/NO _____ _____
Assistant Dean of the Faculty Date

If a residential student's load will fall below 12 credits, the approval of the Dean of Student Life is required.

YES/NO _____ _____
Dean of Student Life Date

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*After the 6th day of classes, there is a **$15 fee** for each drop.

FOR BUSINESS OFFICE USE ONLY:
Fee Paid _____

ARO 6/03