



ADD/DROP FORM

Student's Name: _____ Degree Program/Semester: _____

Course Number to DROP	Credit Hour	Day/Time	Instructor	Title of Course
Course Number to ADD	Credit Hour	Day/Time	Instructor	Title of Course

***The student must contact the Financial Aid Office with any questions regarding add/drop and its effect on the student's financial aid status. The student is responsible for any changes to charges and financial aid awards as a result of adding/dropping classes.**

*** Nursing students are not allowed to add and/or change any nursing course (NUR) during the add/drop period. No change in a student's nursing course/s is allowed upon the start of the semester.**

_____ Student's Name & Signature _____ Date

FOR OFFICIAL PURPOSES ONLY

Change in Credits from _____ to _____ *No Credit Changes*

Academic Official Signature

Registrar

Financial Aid Officer Signature

Date Entered into Diamond D: _____