

\*Required Field

# DROP/ADD FORM

For Office Use  
RGCHCOUR

TERM

\*

\* UM ID #

\* Student Name (Last, First, Middle Initial)

\* School/Program/ Plan

\* EFFECTIVE DATE

Email address

Phone Number: Please leave a number where you may be reached if we have any questions regarding your registration:

## 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"/> Class Permission <input type="checkbox"/> Unit Load
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																<input type="checkbox"/> Time Conflict <input type="checkbox"/> Requisites <input type="checkbox"/> Closed Class <input type="checkbox"/> Class Permission <input type="checkbox"/> Unit Load

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

ATHLETICS PERMISSION SIGNATURE:

STUDENT SIGNATURE

DATE

FOR REGISTRATION ONLY:

PROCESSED BY: \_\_\_\_\_

DATE: \_\_\_\_\_

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.