

ANDREWS ACADEMY Drop/Add Form

Office Use only:	
Date Received:	
Date Processed:	

Name: _	Term: □ S1 □ S2 Year:								
INSTRUCTIONS – PLEASE READ									
•	Please print clearly in pen. Completed forms must be returned to the Office of the Registrar.								
•	Check signatures required								
•	 INDEPENDENT STUDY: MUST include a signed letter/note from the teacher overseeing the class stating the topic of study, number of credits being offered, and deadline for completion. (Academic Affairs will have the final approval/denial) OVERLOAD/PART-TIME: (See Box below) This form should NOT be used for students withdrawing from all courses. Use the Individual Withdrawal Check-out Procedure Sheet 								
A PARI • • •	If adding a class will result in an overload (above 6.3 credits for the school year not counting music) If adding a class will result in Full-time status (3.0 credit or above for the school year) If dropping a class will no longer result in an overload If dropping a class will result in less than full-time status (below 3.0 credits for the year)								
Studer	t Accounts Manager's Signature: Date: Date:								

DROP

		DIGI	
Course Name	Credits	Teacher	Teacher's Signature/Date

ADD

Course Name	Credits	Teacher	Teacher's Signature/Date

Student Signature:	Date:	Parent Signature:	Date:
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