

Use only after the Drop/Add deadline and before the Withdrawal deadline of the current semester.



Drop/Add Form

Name: _____ Student I.D. Number: _____ Term: _____
Last First

INSTRUCTIONS — PLEASE READ

- ▶ Please type or print clearly in ball point pen. Completed forms must be returned to the Office of Academic Records.
- ▶ **Check signatures required:** (www.andrews.edu/services/registrar/). **OR** Registration Brochure **OR** call (269) 471-3375.

1. **INDEPENDENT STUDY:** MUST include Topic of study.
2. **AUDIT:** Instructor MUST sign the DROP/ADD form for the class that is being audited.
3. **OVERLOAD:** See Student Financial Services first (Grad overload: 13+ credits, UG overload: 17+ credits).
4. This form should **NOT** be used for students withdrawing from all courses. Use a Student Exit Procedure form.

A fee will be charged for registration changes except in the following cases: 1) Changes made during the DROP/ADD period, 2) Official Cancellation of a class. *Please consult the current Bulletin for the most up-to-date fees.*

ACADEMIC DEAN'S SIGNATURE NEEDED FOR THE FOLLOWING

1. Students on **ACADEMIC PROBATION** (include credits approved).
2. Students taking an **OVERLOAD** (include credits approved).
3. Adding Classes after the end of ADD/DROP period (see website or Academic Calendar).
4. Comment below regarding request for back date.

 Credits Approved Academic Dean Date

Comments:

AUTHORIZATION: Signatures of officials as needed:

 Office of International Services (*Visa Students dropping below full-time*) Date

 Credits Approved Student Financial Services Date

DROP

Full signatures required

CRN	Course Acronyms and Numbers	Sec. No.	COURSE TITLE	Credits	Course Instructor	Advisor

ADD

Full signatures required

CRN	Course Acronyms and Numbers	Sec. No.	COURSE TITLE: TOPIC OF STUDY <i>(Independent Study, Readings, Project, Thesis, Dissertation, Field Work)</i>	Credits <i>("AU" for Audit and include credits)</i>	Course Instructor	Override <i>(Pre-Req or Co-Req)</i>	Advisor

Student Signature _____ Date _____ Academic Records Office Signature _____ Date _____

Comments