



# 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/](http://www.andrews.edu/services/registrar/)). **OR** Registration Brochure **OR** call (269) 471-3375).

- INDEPENDENT STUDY:** MUST include Topic of study.
- AUDIT:** Instructor MUST sign the DROP/ADD form for the class that is being audited.
- OVERLOAD:** See Student Financial Services first (Grad overload: 13+ credits, UG overload: 17+ credits).
- 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**

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

\_\_\_\_\_  
 Credits Approved Academic Dean Date

Sharyn Smoot Signature: \_\_\_\_\_ 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

Comments

Student Signature \_\_\_\_\_ Date \_\_\_\_\_ Academic Records Office Signature \_\_\_\_\_ Date \_\_\_\_\_