



**INSTRUCTIONS** Save this PDF to your computer, open using Adobe Reader, complete, print, sign and submit to the Office of the Registrar.

To change official course registration, submit this completed form to the Registrar during the add/drop period posted on the college's Academic Calendar. A completed form contains the signature(s) from the course director/coordinator/professor of record for each course the student wishes to change and the college's Designated Academic Official (indicated below). Ink signatures are required on all forms. Incomplete forms will not be processed. If you intend to completely withdraw from the University, please complete the Official College Withdrawal form available from the Registrar's website and Student Portal.

College	Designated Academic Official
College of Pharmacy	Asst. Dean of Academic Affairs; or Director of EED (if applicable)
College of Medicine	Asst. Dean of Student Affairs
College of Health Sciences	Asst. Dean of Student Affairs & Admissions or Asst. Dean of Curriculum and Assessment

**STUDENT INFORMATION**

Name: \_\_\_\_\_  
*First Middle Last*

Student ID #: \_\_\_\_\_ College (*check one*):  COP  COM  CHS Exp. Completion/Class of: \_\_\_\_\_

Semester (*check one*):  Summer  Fall  Winter  Spring Year: \_\_\_\_\_

**List your desired course change(s), obtain required signatures, and submit to the Office of the Registrar. Please refer to your college's add/drop policy for complete information and deadlines**

Add/Drop	Course Prefix, #, & section	Course Title	# of Credits	Instructor Signature & Printed Name	Date
<input type="checkbox"/> Add <input type="checkbox"/> Drop	Section: _____			.....	
<input type="checkbox"/> Add <input type="checkbox"/> Drop	Section: _____			.....	
<input type="checkbox"/> Add <input type="checkbox"/> Drop	Section: _____			.....	
<input type="checkbox"/> Add <input type="checkbox"/> Drop	Section: _____			.....	
<input type="checkbox"/> Add <input type="checkbox"/> Drop	Section: _____			.....	
<input type="checkbox"/> Add <input type="checkbox"/> Drop	Section: _____			.....	

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Designated Academic Official: \_\_\_\_\_ Date: \_\_\_\_\_

Effective Date of Course Add/Drop: \_\_\_\_\_ (*Approved by Designated Academic Official for late add/drop*).

OFFICE OF THE REGISTRAR USE ONLY

Date Received: \_\_\_\_\_ Date Processed: \_\_\_\_\_ Processed By: \_\_\_\_\_ Updated 01/25 OR