



Add/Drop Form

Student Information

AUA ID: _____

Full Name: _____
Last Name First Name Middle Name

Cell Phone: _____ Home Phone: _____

E-mail Address: _____

UGRAD GRAD Semester/Term: Fall Spring Summer

Degree Program: _____ Year: _____

Last Name

First Name

AUA ID

Add/Drop	CRN	Subject Code	Course Number	Course Title	Section	Credits
Add Drop						
Add Drop						
Add Drop						
Add Drop						
Add Drop						

I understand that **dropping a class after the Official Add/Drop deadline** will result in a **grade of W** on my transcript. I understand that dropping a class **after the deadline to drop with a W** will result in a **grade of F** or **NP** on my transcript. I understand that dropping a class after the Official Add/Drop Deadline may have financial consequences.

I also understand that I need to check with the Office of the Registrar in case this change results in a non-standard course load.

Student's signature

Date

Approval signature of Program Chair/Advisor/Instructor if needed

Date

For Office Use Only

Processed By: _____

Date: _____

Waitlist Time Recieved: _____

Office of the Registrar