



INDICATE THE TERM AND YEAR:
Fall Year
Winter Year
Spring Year
Summer Year
Rev 06/07

DROP/ADD FORM

Please PRINT legal name in full
Mailing Address
City State Zip Code
E-mail Telephone

Please complete the section below by listing all courses that you are ADDING to your registration, and be sure to obtain the professor's signature.

Table with 6 columns: Course Code & Number, Type, Course Title, Credit Hours, Professor's Signature, Location

Total number of courses: Total hours:

Please complete the section below by listing all courses that you are DROPPING from your registration, and be sure to obtain the professor's signature.

Table with 6 columns: Course Code & Number, Type, Course Title, Credit Hours, Professor's Signature, Location

Total number of courses: Total hours:

Type Key: Audit (senior citizens only) = AU, Continuing Education = CEU, Cross-Registration = X-REG, Directed Study = DS, EDEN = Z, Independent Study = IS, Lecture = LEC, Modular = Mod

Location Key: Augusta, Charleston, Columbia, Due West, Fort Jackson, Greenville

Student's Signature Date

Dean's Signature Date

Please return the original Drop/Add Form to the Office of the Registrar while retaining a copy for your records.

Registrar's Signature of Receipt Date Processed