

REGISTRATION AND ADD/DROP FORM



I. STUDENT INFORMATION

Student Name: _____ Student ID: _____

Phone: _____ Academic Program: _____

Local Address: _____ Year: _____ Semester: Summer May
Street City State Zip Fall Winter

Emergency Contact: _____ Name Phone Number
 Session: I III
 II Extended

II. REGISTER OR ADD A CLASS (Complete the PREREQUISITE OVERRIDE form to enroll in courses you need to override)

| | | | | FOR DEPARTMENT USE ONLY | | |
|----------------------|----------------------|--------------|------------------|---|---|--|
| Subject Prefix (ENG) | Course Number (1301) | Section (01) | Credit Hours (3) | (If required) Check box to indicate reason for signature | (If required) Instructor signature for authorization | (If required) Dean or Dept Chair/Prog Dir signature for authorization |
| | | | | <input type="checkbox"/> Override late add <input type="checkbox"/> Override closed class <input type="checkbox"/> Override time conflict | | |
| | | | | <input type="checkbox"/> Override late add <input type="checkbox"/> Override closed class <input type="checkbox"/> Override time conflict | | |
| | | | | <input type="checkbox"/> Override late add <input type="checkbox"/> Override closed class <input type="checkbox"/> Override time conflict | | |
| | | | | <input type="checkbox"/> Override late add <input type="checkbox"/> Override closed class <input type="checkbox"/> Override time conflict | | |
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| | | | | <input type="checkbox"/> Override late add <input type="checkbox"/> Override closed class <input type="checkbox"/> Override time conflict | | |
| | | | | <input type="checkbox"/> Override late add <input type="checkbox"/> Override closed class <input type="checkbox"/> Override time conflict | | |

Total Hours: _____

III. DROP A CLASS (Complete the WITHDRAWAL form to drop ALL of your courses)

| | | | | FOR DEPARTMENT USE ONLY | |
|----------------------|----------------------|--------------|------------------|---|---|
| Subject Prefix (ENG) | Course Number (1301) | Section (01) | Credit Hours (3) | (If required) Check box to indicate reason for signature | (If required) Instructor signature for authorization |
| | | | | <input type="checkbox"/> Approve drop | |
| | | | | <input type="checkbox"/> Approve drop | |

IV. REQUIRED SIGNATURES

Student Signature _____ Date _____ Academic Advisor Signature _____ Date _____

For Office of Student Records Use Only
 Processed by: _____ Date: _____ Cashier (If required): _____