# Drop/Add Form

Semester: ___ fall ___ spring ___ summer I [ ] ___ summer II ___ Year: ____________

### Student’s full name (Please PRINT):

<table>
<thead>
<tr>
<th>First Name</th>
<th>Full Middle Name</th>
<th>Last Name</th>
<th>Student Banner ID: 900 __ __ __ __</th>
</tr>
</thead>
</table>

### This is a petition to:

- **ADD**: Use this form to add courses after day 5 of the fall/spring semester (day 2 summer term) or to add a course that needs a permit or override.

- **DROP**: Drops can be completed through the student’s AppalNet account. Use this form ONLY after day 5 of a fall/spring semester (day 2 summer term) when dropping a linked course (dropping a lab or lecture only) OR when switching sections due to an administrative adjustment OR when switching levels of the same discipline (dropping FL 1050 to add FL 1040).

### FOR LATE DROPS (after week 9) OR EXTRA DROPS USE THE REQUEST FOR EXCEPTION TO DROP POLICY FORM.

<table>
<thead>
<tr>
<th>Call/CRN Number</th>
<th>Course Department*</th>
<th>4-digit Course Number</th>
<th>Section Number</th>
</tr>
</thead>
</table>

*course must be in department from Arts & Sciences

### Extenuating reason for drop or add:

__________________________________________________________________________________________________
__________________________________________________________________________________________________

### Signatures must be obtained in the order listed:

1. __________________________________________ Date
   Student
   This form must be submitted to the Dean’s Office within TWO business days of obtaining the department chair’s signature

2. __________________________________________ Date
   Instructor
   If adding a student to your course, has the student attended all semester? ________ If not, what is the first date of attendance? _________________

3. __________________________________________ Date
   Department Chairperson
   If the chairperson approves a late add request after scheduled classes have met for two weeks (day 4 summer term), the Chair must comment to the Dean’s Office in writing (or by email) the reasons for considering the request due to exceptional circumstances.

4. __________________________________________ Date
   Dean (or designee) 100 I.G. Greer Hall

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**Dean’s Office Use Only**

- **___ DC Drop Counts**: Drop is to be counted as a Career Drop
- **___ DR Drop Replacement**: Course w/same # hours will be added
- **___ DH Drop Hours Change**: Course w/different # hours will be added