UNIVERSITY OF
ROCHESTER Drop/Add Form

☐ **FALL** ☐ **SPRING** ☐ **SUMMER** _____ **Retroactive** ☐

Year

NAME _____ **STUDENT ID#** ☐☐☐☐☐☐☐

CLASS YEAR _____ **MAJOR/DEGREE** _____ **PHONE (day)** _____ **TODAY'S DATE** ☐☐☐☐☐

E-MAIL _____

PLEASE INDICATE YOUR SCHOOL BELOW:

☐ THE COLLEGE: Arts & Sciences ☐ THE COLLEGE: Engineering ☐ Nursing ☐ Warner School ☐ Simon School ☐ ESM ☐ M & D

PLEASE CHECK ALL THAT APPLY: ☐ Undergraduate ☐ Graduate ☐ 1st Semester First-Year or Transfer ☐ Non-Matriculated (Non-Degree)

Please fill in courses you wish to add or drop. You may drop or add multiple courses on this one form.

	Course (XXXX XXX-XX) ex. BIOL 110 - 1							Credit Hours	Audit (Y/N)	Course Title	Instructor Signature & Date (*if permission is needed*)
							-				
							-				
							-				
							-				
							-				

I request permission to carry an ☐ Overload or ☐ Underload. My current GPA is _____. I want to carry a total of _____ credit hours.

FOR ADMINISTRATIVE/ADVISOR USE ONLY

Withdrew week #: _____ Tuition refund, if applicable: _____ % Date received: ☐☐☐☐☐☐ By: _____

REMARKS: _____

Advisor's Signature: _____ Date: ☐☐☐☐☐☐
Dean's Signature: _____ Date: ☐☐☐☐☐☐