Social Security Number	Last Name	First	Middle Initial

☐ 1st SEMESTER ☐ Day
☐ 2nd SEMESTER ☐ Eve
☐ SUMMER 20_____20_____

ADD

Course Number	Section Number	Tuition Hours	Signature of Instructor

DROP

Course Number	Section Number	Tuition Hours	Signature of Instructor

Total Number of Tuition Hours Before Change(s)

Total Numberof Tuition Hours After Change(s)

Are You Receiving Financial Aid? ☐ Yes ☐ No

(Signature of Director of Financial Aid if Total Number of Tuition Hours After Change(s) is **Less** than 12 and you are receiving financial aid)

Financial Aid Office _____ Date _____

Are You Receiving Veteran's Benefits? ☐ Yes ☐ No

A Veterans Affairs Official must sign this form if you are receiving veteran's benefit.

Verteran's Affais Office _____ Date _____

Counseling Services _____ Date _____

Major Department Head or Designee _____ Date _____

Student _____ Date _____