

Once form is completed, please attach it to an email and send forward for signatures.

**Late Drop/Add Form**

Semester: \_\_\_ Fall \_\_\_ Spring \_\_\_ Summer 1 \_\_\_ Summer 2

Year: \_\_\_\_\_

Student's Full Name \_\_\_\_\_  
Last First Middle

BannerID \_\_\_\_\_ Student Email \_\_\_\_\_@appstate.edu

Student's Cell Phone \_\_\_\_\_

This petition is to:

\_\_\_\_\_ ADD Use this form to add courses after day 5 of the fall/spring semester (day 2 of summer term or half semester courses)

\_\_\_\_\_ DROP **Drops can be completed through the student's AppalNet account.**  
Use this form ONLY after day 5 of the fall/spring semester (day 2 of summer term or half semester courses)

\_\_\_\_\_ CRN Number \_\_\_\_\_ Course Department \_\_\_\_\_ 4-digit Course Number \_\_\_\_\_ Section Number

Extenuating reason for drop or add:

Signatures must be obtained in the order listed:

1. \_\_\_\_\_  
Student Date

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

3. \_\_\_\_\_  
Department Chairperson Date

4. \_\_\_\_\_  
Executive Director of Advising and Academic Support, Date  
Beaver College of Health Sciences  
101-A Leon Levine Hall of Health Sciences