Drop/Add Form

Semester: ­­­\_\_\_ fall \_\_\_ spring \_\_ summer I\_\_ summer II Year: \_\_\_\_\_\_\_\_\_\_\_

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­­­­­­­­­­ Student Banner ID: 9 0 0 \_ \_ \_ \_ \_ \_

First Name Full Middle Name Last Name

Phone Number**:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This is a petition to:

\_\_\_\_\_ ADDUse 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.

\_\_\_\_\_ DROPDrops 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.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Call/CRN Number Course Department**\*** 4-digit Course Number Section Number

**\*course must be in department from Health Sciences**

Extenuating reason for drop or add:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Date

**This form must be submitted to the Dean’s Office within TWO business days of obtaining the department chair’s signature**

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Instructor Date

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

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Department Chairperson Date

**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**.

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Executive Director of Advising and Academic Support, Date

Beaver College of Health Sciences

102 Edwin Duncan Hall