

Beaver College of Health Sciences

APPALACHIAN STATE UNIVERSITY

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) OR to add a course that needs a permit or overrides

_____ 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) 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)

_____ 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

Revised 2/5/2019

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