

PRINT WITH PRESSURE

DROP / ADD FORM

University of Dayton

Registration Office
Albert Emanuel Hall Rm. 240

THIS IS A REQUEST TO CHANGE COURSE(S) REGISTERED FOR:

Sept., _____ YEAR
 Jan., _____ YEAR
 May, _____ YEAR
 June, _____ YEAR

SCHOOL/COLLEGE

A&S BUS EDU EGR LAW AES

MAJOR

STUDENT ID

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PRINT LAST NAME FIRST NAME MID. INIT.

UNDERGRADUATE FULL-TIME STUDENT

ACADEMIC DEAN'S SIGNATURE IS REQUIRED WHEN A FULL-TIME STUDENT WITHDRAWS FROM THE UNIVERSITY.

ACADEMIC DEAN SIGNATURE _____ DATE _____

COORDINATOR OF INTERNATIONAL SERVICES

INSTRUCTOR'S SIGNATURE DURING "W" PERIOD	D R O P	DEPT. & NO.	SECTION NO.	CR.
		PLEASE LIST ALL COURSES		
ADVISOR'S SIGNATURE FOR DROP, ADD OR BOTH				
DATE				
DEAN'S SIGNATURE WHEN REQUIRED				
DATE				

Shaded area for OFFICE USE ONLY

REGISTRATION OFFICE DATE	DATE USED FOR RECORD & FINANCIAL ADJUSTMENT.	NEW TOTAL HOURS
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FINANCIAL AID OFFICE

CHAIRPERSON'S SIGNATURE WHEN REQUIRED	A D D	DEPT. & NO.	SECTION NO.	OPT.	CR.
		TOTAL ADDED			

STUDENT SIGNATURE

LOCAL TELEPHONE NO.

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