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University of Dayton

DROP / ADD FORM

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

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

ADVISOR'S SIGNATURE FOR DROP, ADD OR BOTH DATE

DEAN'S SIGNATURE WHEN REQUIRED DATE

DROP

DEPT. & NO. PLEASE LIST ALL COURSES	SECTION NO.	CR.

Shaded area for OFFICE USE ONLY

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

FINANCIAL AID OFFICE

CHAIRPERSON'S SIGNATURE WHEN REQUIRED	DATE

ADD

DEPT. & NO.	SECTION NO.	OPT.	CR.
TOTAL ADDED			

STUDENT SIGNATURE

LOCAL TELEPHONE NO.

FORM UD # 1001, REV. 1/01

REGISTRATION COPY