

Name:	ID Number:	Date:
Advisor Print:	Advisor's Signature:	
Circle Term: FALL SPRING SUMMER		

DROP/Withdraw		ADD			
Course ID	Credit	Course ID	Credit	Repeat	Instructor Signature
<p>Will dropping this course impact your:</p> <ul style="list-style-type: none"> - Full-time status? - Financial Aid? VA Benefits? - Athletic Eligibility? (24 hour rule) 					