

ADD/DROP

Name: _____ Date: _____
 Student ID#: _____ Semester: _____
 Major/Program: _____

Is this a complete withdrawal from all of your classes? Yes No
 If yes, please include a complete withdraw form

LIST THE COURSE(S) YOU WOULD LIKE TO ADD TO YOUR SCHEDULE

DEPT	CODE	SECTION	TITLE OF COURSE	INSTRUCTOR	DAY	TIME	CREDITS
DFN	116	A	3D TECHNIQUES	JOHN SMITH	MW	4:00-6:45	3

LIST THE COURSE(S) YOU WOULD LIKE TO DROP FROM YOUR SCHEDULE

DEPT	CODE	SECTION	TITLE OF COURSE	INSTRUCTOR	DAY	TIME	CREDITS

Reason for ADD/DROP: _____

I will assume responsibility for, and understand that this drop may affect my SAP and my financial aid. Financial aid adjustments may take 24 hours to be reflected on my account.

Student Signature: _____ Date: _____

Advisor Signature/Date _____
An Advisor's signature is required except for section changes of the same course

Financial Aid Counselor Signature/Date _____
If you are dropping from full or part-time to 3 credit hours you must see Financial Aid

Registration Signature/Date _____

Return this form in person to:

Academic Advising & Registration Office
 College for Creative Studies
 201 East Kirby Street, Detroit, MI 48202
 Phone: (313) 664-7672