



Office of Records and Registration

DROP and ADD Form

CIRCLE ONE → Fall / Spring / Summer

PRINT YOUR NAME: _____ **Today's Date:** _____

Student ID: _____ **Your DU Advisor:** _____ **Your Major:** _____

DROPS – Course(s) you wish to DROP from your schedule:

Course Prefix & Number <i>Example: ENG-111</i>	Sec# <i>001</i>	Course Title <i>Expository Writing</i>	Instructor Name
1.			
2.			
3.			

ADDs – Course(s) you wish to ADD to your schedule:

Course Prefix & Number <i>Example: ENG-111</i>	Sec# <i>001</i>	Course Title <i>Expository Writing</i>	Instructor Name	Professor Signature	Full Section
1.					
2.					
3.					
4.					
5.					
6.					

PLEASE READ: With your signature below, you acknowledge academic responsibility for course schedule adjustments. While an advisor's signature is not required for standard drop activity, you should consult with your advisor if needed regarding how schedule adjustments impact your progress toward meeting major requirements and graduation requirements. It is your responsibility as a Dillard University student to understand the University Catalog's academic regulations and policies regarding registration activities.

STUDENT SIGNATURE: _____ **Date:** _____

Required to Add Classes

Academic Advisor: _____ **Date** _____

Required for Late Add

Academic Affairs: _____ **Date** _____

Return this completed form to the Office of Records and Registration (must show your ID to drop/add)