

Concordia Theological Seminary
Registrar's Office
Fort Wayne, Indiana

DROP/ADD FORM

Name: _____
(Last) (First)

Student ID #: D000 Date: _____
Mo Da Yr

Campus Box: _____

Class Status: (Circle) I II III IV AR Special MA STM DMIN PHD

DROP

ADD

<u>CRN and COURSE #</u>	<u>HRS/AUDIT/PASS-FAIL</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

<u>CRN and COURSE #</u>	<u>HRS/AUDIT/PASS-FAIL</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Notes: 1. Does this change cause an overload? (Greater than 18.5 hours a quarter) If yes, Academic Dean needs to approve. Approving _____ credit hours for _____ quarter/year.

Student Signature: _____

Signature of Academic Dean



Office Use Only

Refund Rate _____% Drop/Add Fee \$_____

Other Fees \$_____ Course Fees \$_____

Processed by: _____
(Initials) (Date)