DROP/ADD FORM

Name: ____________________________ Student ID #: D000 Date: ________________________

(Last) (First)

Campus Box: ______________

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

DROP

COURSE & CLASS ID ___________ HRS/AUDIT ___________

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Notes: 1. Does this change cause an overload? If yes, Academic Dean needs to approve. Approving _________ credit hours for __________ quarter/year.

Student Signature: ___________________________ Signature of Academic Dean

If a student withdraws from a class or from the seminary before the end of the quarter, both the student’s grant money and student loans may be affected. Please see the “Return of Financial Aid Funds Policy for Students Who Withdraw from the Seminary” posted on the Financial Aid webpage.

Office Use Only

Refund Rate ________% Drop/Add Fee $________

Billed _____________

(Initials/Date)

Processed by: ____________________________ (Initials) (Date)

Other Fees $________ Course Fees $________