

Last Name _____ **First** _____ **Middle** _____ **CWID** _____

Major _____ **Term:** Spring _____ Summer _____ Fall _____

Check the one that applies to you: Student Athlete _____ Scholars' College Student _____

Drop/Add (Circle One)		Audit (Circle One)		Course & Number	Section Number	CRN Course Reference No.	Hours	Check if this is a Late Add	Check if this is a Late Drop
D	A	D	A						
D	A	D	A						
D	A	D	A						
D	A	D	A						
D	A	D	A						

Student's Signature _____ **Today's Date** ____/____/____

Specify allowable reason(s) for submitting this request: Note: You must include dated documentation to support your request.
 ____Illness ____Injury to Student ____Death of an Immediate Family Member ____Natural Disaster ____Exceptional Traumatic Event

Signatures required to request a late drop/add:

Instructor of the course

Student's Major Department Head

Student's Major Academic Dean