



COURSE ADD / DROP FORM

Registrar's Office, Davidson Hall, Room 116
 Phone (860) 832-2236, Fax (860) 832-2250

Name: _____ Student ID# _____

Term / Year _____ Full-Time Part-Time _____ # credits after Add/Drop
(12 cr. undergraduate or 9 cr. graduate = full time)

ADD	Full-semester courses may be added without written approval through the end of the add/drop period as defined on the registration calendar. Courses meeting less than a full-semester, Summer Session, or Winter Intersession courses may be added prior to the second class meeting.				
	CRN	Subject	Course	Section/ Session	Credits

DROP	Courses may be dropped up to the last day of the third week of classes during a regular semester. Refer to the Registration Calendar for specific 8-Week, Summer and Winter Intersession dates. Courses dropped by the deadline do not appear on the student's transcript.				
	CRN	Subject	Course	Section/ Session	Credits

Full-Time Students:

- **DO NOT USE THIS FORM FOR COMPLETE WITHDRAWAL FROM THE UNIVERSITY**
- Failure to carry a minimum of 12 credits as a full-time student may affect Satisfactory Academic Progress (SAP) and receipt of certain federal, state and other benefits, including but not limited to various financial aid programs, Veterans benefits, University-billed Sickness Insurance, and Social Security benefits. Students dropping below 12 credits are ineligible for participation in intercollegiate athletics.

Part-Time Students:

- Dropping below 6 credits for part-time students may affect financial aid awarded.
- Refunds for part-time students, if applicable, are based on the date and time a course is dropped. Consult the Course Registration Bulletin or Bursar's website for the refund schedule.

Student's Signature _____ Date _____

Reason for Dropping

Before returning this form, please complete the following confidential information.

Check one:

- | | | |
|--|---|--|
| <input type="checkbox"/> Too many hours outside employment | <input type="checkbox"/> Course too difficult | <input type="checkbox"/> Difficulty with teacher |
| <input type="checkbox"/> Too many courses | <input type="checkbox"/> Advising error | <input type="checkbox"/> Illness |
| <input type="checkbox"/> Paperwork error | <input type="checkbox"/> Time conflict with job | <input type="checkbox"/> Other _____ |

Office Use Only :

Processed By: _____ Date / Time: _____ / _____ Code: Full-time: DD Part-time: D1, D6, D4, D0 % _____