



ADD / DROP FORM

**Please consult the Academic Catalog for information on adding/dropping courses, deadlines, and how changes in registration may affect your tuition bill.*

Student's Name _____
Last Name First Name M.I.

Address _____
Street Address Box/Apt # City State Zip Code

Phone _____ E-mail _____

Degree Program _____

Check All That Apply:

- _____ I am dropping / adding the following classes.
- _____ I am dropping all of my classes and will resume my studies at Central at a later date.
(Please indicate when you plan to return _____)
- _____ I am dropping all of my classes and will not return to Central.

**If you are dropping all your classes, you do not need to complete the chart.*

| Add | Drop | Semester | Course # | Section # | Course Title | Credit Hours |
|-----|------|----------|----------|-----------|--------------|--------------|
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Reason(s) for dropping: _____

ACKNOWLEDGEMENT: I am aware of the policies regarding changes in registration and understand the academic and/or financial implications of my requested changes.

Student's Signature _____ Date _____

FOR OFFICE USE ONLY

Registrar's Signature _____ Official Drop Date _____

Tuition Refund: _____
 Fee Refund: _____
 Contact Hours: _____