

**ADD/DROP FORM**

Name: \_\_\_\_\_ Badge ID: \_\_\_\_\_ Year/Semester/Period: \_\_\_\_\_

**International Student:**  Yes  No

**Type of Student:**  Professional  Graduate  Undergraduate

**School (check one):**  Dental (DS)  Graduate (GSG)  Non-Degree Graduate (NDGSG)  Health Professions (HP)  
 Medical (MS)  Nursing (NS)  Advanced Dental Education (ADE)

**ADD**

Course # and Section	Class #	Course Title	Units	Course Instructor Signature
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**DROP**

Course # and Section	Class #	Course Title	Grade*	Units	Date of last attendance	Course Instructor Signature
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

*\*Grading System: W= Withdraw, WP=Withdraw Passing (NS only), WF=Withdraw Failing (NS only), I= Incomplete (or) Letter Grade*

**Student signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Required Additional Approval:**

**COGS Chair signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Advisor/Dept. Chair signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
 (only GSG)

**Assoc. Dean signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Registrar Staff signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**After ALL applicable signatures have been obtained, please return completed form to the Office of the University Registrar.**  
**Please refer to the Catalog for inquiries regarding refunds and your school's add/drop policies.**