## Drop/Add Form

### Office of Academic Records

**McKendree University**

**Louisville Campus**
Fax: 1-502-267-4340

**Radcliff Campus**
Fax: 1-270-351-7888

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**Student ID Number**

(Please Print)

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>MI</th>
</tr>
</thead>
</table>

Term:  
- Fall [ ]  
- Spring [ ]  
- Summer [ ]  
Year: ______________

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### ADD

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<tr>
<th>Term</th>
<th>Dept.</th>
<th>Number</th>
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<th>Course Title</th>
<th>Gr, P/F, Au</th>
<th>Credit</th>
<th>Start Date</th>
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### DROP

Grade (WP/WF) *

Instructor’s Signature/Permission (see instructor notes below)

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### DROP

Grade (WP/WF) *

Instructor’s Signature/Permission (see instructor notes below)

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**Change in Credit Hours for the Semester:**

**Total Credits for the Semester:**

* **Instructor Notes:** If the student is dropping a course after the fourth week, please indicate a grade of WP (withdraw passing) or WF (withdrawal failing). All drops occurring after the tenth week will automatically be assigned a grade of WF. Refer to Class Schedule for exact dates and dates for one-month and half semester courses.

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**Withdrawal from a course or from the University must be done by written notification to the Registrar’s Office.** Discontinuing classes without properly withdrawing results in a “WW” (calculates as an “F”) in all courses for that term or session and liability for full payment of all fees and tuition. A specified period of time is designated after each registration during which students may drop classes with a refund. See the Schedule of Classes for these dates as well as the last day of registration.

By signing this form I acknowledge that I am aware that the University has acted in reliance upon this agreement to register in the classes listed above. Because of the University’s reliance upon students’ registrations to set aside a place in these courses, I agree that upon signing this registration form I have become obligated to pay the University for the above course(s) in accordance with the University’s usual schedule of fees and tuition. I understand that if my account becomes delinquent, I am obligated to reimburse the University for all interest charges, late payment fee, collection fee (which can exceed 50% of outstanding balance) and court costs resulting from my delinquency.

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1. ___________________________  
   Student’s Signature  
   Date

2. ___________________________  
   Advisor’s Signature  
   Date

3. ___________________________  
   Financial Aid Office (1st Floor, Old Main)  
   Date

4. ___________________________  
   Business Office (1st Floor, Wildy)  
   Date

5. ___________________________  
   Academic Records Office (1st Floor, Old Main)  
   Date

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**Percentage of Refund**

(based on policy, as described in course schedule)  

Percentage: %

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**Copies:**  
- White: Registrar’s Office  
- Yellow: Business Office  
- Pink: Advisor  
- Gold: Student  

Drop-Add Form–Datatel (October 2002)