

McKendree University

Office of Academic Records

Drop/Add Form

Student ID Number

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(Please Print)

_____ Last Name First Name MI

Term: Fall Spring Summer Year: _____

Are you a student athlete? YES NO

If yes, you must **FIRST** get the signatures of the Compliance Officer and Coach:

CO _____ Coach _____ and then get the other signatures below.

(Circle One)

ADD <input type="checkbox"/>	Term	Course Number	Course Title	Grade	Credit Hrs.
				Pass/Fail	
DROP <input type="checkbox"/>				Audit	
ADD <input type="checkbox"/>	Term	Course Number	Course Title	Grade	Credit Hrs.
				Pass/Fail	
DROP <input type="checkbox"/>				Audit	
ADD <input type="checkbox"/>	Term	Course Number	Course Title	Grade	Credit Hrs.
				Pass/Fail	
DROP <input type="checkbox"/>				Audit	
ADD <input type="checkbox"/>	Term	Course Number	Course Title	Grade	Credit Hrs.
				Pass/Fail	
DROP <input type="checkbox"/>				Audit	
ADD <input type="checkbox"/>	Term	Course Number	Course Title	Grade	Credit Hrs.
				Pass/Fail	
DROP <input type="checkbox"/>				Audit	

Change in Credit Hours for the Semester:

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Total Credits for the Semester:

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Withdrawal from a course or from the University must be done by written notification to the Office of Academic Records. 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 University catalog for refund schedule.

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.

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

Percentage of Refund (based on policy as described in the University catalog)

%
