McKendree University

Office of Academic Records

Drop/Add Form

Louisville Campus Fax: 1-502-267-4340
Radcliff Campus Fax: 1-270-351-7888

Student ID Number

(Please Print) _____

Last Name First Name MI

Term: Fall ☐ Spring ☐ Summer ☐ Year: _____

	Term	Dept.	Number	Sec	Course Title	Gr, P/F, Au	Credit	Start Date
ADD ☐								
DROP ☐			Grade (WP/WF) *					

_____
Instructor's Signature/Permission (see instructor notes below)

	Term	Dept.	Number	Sec	Course Title	Gr, P/F, Au	Credit	Start Date
ADD ☐								
DROP ☐			Grade (WP/WF) *					

_____
Instructor's Signature/Permission (see instructor notes below)

	Term	Dept.	Number	Sec	Course Title	Gr, P/F, Au	Credit	Start Date
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DROP ☐			Grade (WP/WF) *					

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

	Term	Dept.	Number	Sec	Course Title	Gr, P/F, Au	Credit	Start Date
ADD ☐								
DROP ☐			Grade (WP/WF) *					

_____
Instructor's Signature/Permission (see instructor notes below)

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.

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.

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 course schedule) ☐ %

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