



UNIVERSITY of
ROCHESTER Drop/Add Form

Retroactive

NAME _____

STUDENT ID#

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CLASS YEAR _____ MAJOR/DEGREE _____ PHONE (day) _____ TODAY'S DATE: _____

E-MAIL _____

PLEASE INDICATE YOUR SCHOOL BELOW:

- THE COLLEGE: Arts & Sciences THE COLLEGE: Engineering Nursing Warner School Simon School ESM M & D

PLEASE CHECK ALL THAT APPLY: Undergraduate Graduate 1st Semester Freshman or Transfer Non-Matriculated (Non-degree)

Please fill in courses you wish to add or drop. You may drop or add multiple courses on this one form.

	Course Reference Number	Subject Area	Course #	Hours	Audit	Abbreviated Title	Instructor's Pin for Adds	Date
ADD								
ADD								
WDRW DROP								
WDRW DROP								

I request permission to carry an Overload or Underload. My current GPA is _____. I want to carry a total of _____ credit hours.

FOR ADMINISTRATIVE/ADVISOR USE ONLY

Withdrew week #: _____ Tuition refund, if applicable: _____% Date received: _____ By: _____

REMARKS:

Advisor's Signature: _____

Date: _____

Dean's Signature: _____

Date: _____