

- Spring 20 \_\_\_\_\_
- Summer 20 \_\_\_\_\_
- Fall 20 \_\_\_\_\_

# Office of the Registrar ADD/DROP Form



H \_\_\_\_\_ Name: \_\_\_\_\_  
(9-digit Student ID) Last First

Telephone #: \_\_\_\_\_ HBU E-mail: \_\_\_\_\_

## Registration Requests

- ADD
- DROPPED
- CLOSED COURSE  
*(Dean's signature required)*
- TIME CONFLICT  
*(Dean's signature required)*
- ADMINISTRATIVE (check one):  
\_\_\_\_ADD \_\_\_\_ DROPPED  
*(See required signatures below)*

CRN SUBJECT  
 COURSE NO.

Check all that apply:

- Financial Aid Recipient
- Drop Below Full-time
- VA Benefits Recipient
- International
- Student Athlete

Last date of attendance (for Drops only): \_\_\_\_\_

Please explain reason for request: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Approved  Disapproved Required Signature \_\_\_\_\_ Date \_\_\_\_\_

**The Dean's signature required only when adding a closed course or adding or dropping after the scheduled time period.**

CRN SUBJECT  
 COURSE NO.

- ADD
- DROPPED
- CLOSED COURSE  
*(Dean's signature required)*
- TIME CONFLICT  
*(Dean's signature required)*
- ADMINISTRATIVE (check one):  
\_\_\_\_ADD \_\_\_\_ DROPPED  
*(See required signatures below)*

Check all that apply:

- Financial Aid Recipient
- Drop Below Full-time
- VA Benefits Recipient
- International
- Student Athlete

Last date of attendance (for Drops only): \_\_\_\_\_

Please explain reason for request: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Approved  Disapproved Required Signature \_\_\_\_\_ Date \_\_\_\_\_

## Pass/Fail & Audit Designation

*(Classes must be designated as Pass/Fail by the end of the Add/Drop period.)*

PASS/FAIL  AUDIT  
 CRN SUBJECT  
 COURSE NO.

Dean's signature: \_\_\_\_\_

### FOR ADMINISTRATIVE ADD/DROP ONLY

\_\_\_\_\_  
Dean Advisor Instructor

Processed by: \_\_\_\_\_ Date: \_\_\_\_\_

Student's signature: \_\_\_\_\_ Date: \_\_\_\_\_