

REGISTRATION ADD/DROP FORM

NAME (Please Print)	SEMESTER/YEAR
STUDENT ID/SSN	TELEPHONE*
ALL ATHLETES: This add/drop must meet NCAA compliance regulations of maintaining full-time enrollment. ALL STUDENTS: Your enrollment at the University creates an implied contract for payment of tuition and fees. If you choose not to attend the University, you must officially withdraw from all courses during the first 5 business days of classes or you must pay all charges in full. I understand that should my student account become delinquent in excess of 150 days, Walsh University has the right to forward my account to a collection agency, and I will be responsible for all related collection costs of approximately 35%.	
SIGNATURE	DATE

*I authorize the School to contact me at the current or any future number that I provide for my cellular phone or other wireless device using automated telephone dialing equipment or artificial or pre-recorded voice or text messages.

A \$10 Add/Drop Fee will be assessed for ALL changes in registration processed after the last day to drop with a refund.

ADD COURSES: Prior to refund period — signature of academic advisor is required.

After the refund period — signatures of both academic advisor and instructor are required.

CRN#	DEPT.	CAT NO.	COURSE NAME	CREDITS	AUDIT	PASS/FAIL	ADVISOR SIGNATURE	INSTRUCTOR SIGNATURE

DROP COURSES: Prior to refund period — signature of academic advisor is required.

After the refund period — signatures of both academic advisor and instructor are required.

CRN#	DEPT.	CAT NO.	COURSE NAME	CREDITS	AUDIT	PASS/FAIL	ADVISOR SIGNATURE	INSTRUCTOR SIGNATURE

TOTAL HOURS BEFORE ADD/DROP: _____ **TOTAL HOURS AFTER ADD/DROP:** _____

REASON FOR COURSE DROP:

(Staff: If above student drop will result in LTFT as an athlete. DO NOT PROCESS!)

FOR OFFICE USE ONLY: Processed by _____ Date _____

Add/drop fee paid: ☐ Yes ☐ No ☐ Fee Waived Reason: _____