

GRADUATE REGISTRATION ADD/DROP FORM

NAME (Please Print)		SEMESTER/YEAR/CAMPUS
STUDENT ID/SSN	D.O.B.**	TELEPHONE*
<p>ALL ATHLETES: This add/drop must meet NCAA compliance regulations of maintaining full-time enrollment.</p> <p>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%.</p>		
SIGNATURE		DATE

**If not entering SSN, must enter Date Of Birth to complete electronically

*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:** _____

I am completely withdrawing from the current semester, but plan to return.

I am completely withdrawing from the current semester and do not plan to return.

REASONS FOR WITHDRAWAL:

Medical (must be approved by Dean of Student Affairs)

Financial

Transferring to _____

Reason: _____

Personal or Other _____

(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: _____