

- -

STUDENT ID NUMBER

Drop / Add Form



LAST NAME FIRST NAME M.I.

Term of Drop/Add

Year	Fall	Spring	Summer
20__	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

School:

Date of Change:

INSTRUCTIONS:

1. PRINT all information except signature
2. Fill in all requested information: CRN, Course ID, Course Title, Grade Type and Credit Hours
3. If you make a mistake, cross out line with error and use a new line
4. When completed, turn in at your school / advising center

ADDS:

CRN & Course ID (ex: 31752, ENGL-1010-01)	Course Title	Grade Type	Credit Hours	Instructor's Approval
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Regular <input type="checkbox"/> Audit <input type="checkbox"/> S/U	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Regular <input type="checkbox"/> Audit <input type="checkbox"/> S/U	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Regular <input type="checkbox"/> Audit <input type="checkbox"/> S/U	<input type="text"/>	<input type="text"/>

DROPS:

CRN & Course ID (ex: 31752, ENGL-1010-01)	Course Title	Grade if Required	Instructor's Signature	Registrar's Office Use Only
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> W	<input type="text"/>	1 2 3 4 0
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> WF	<input type="text"/>	1 2 3 4 0
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> W	<input type="text"/>	1 2 3 4 0
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> WF	<input type="text"/>	1 2 3 4 0
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> W	<input type="text"/>	1 2 3 4 0
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> WF	<input type="text"/>	1 2 3 4 0

CHANGES:

To change **GRADE TYPE** for a course in which you're already enrolled

CRN & Course ID (ex: 31752, ENGL-1010-01)

Change grade type to: Regular S/U

To change **GRADE TYPE TO AUDIT** for a course in which you're already enrolled

Instructor's Signature

To change **CREDIT HOURS** for a course in which you're already enrolled

New Credit Hours

Student's signature (Required)

Undergraduate Advising Center (for Full-Time Undergraduates)

School of Continuing Studies Dean (for Part-Time School of Continuing Studies students)

Graduate Divisions Dean (for Graduate/Professional students)

Your total credit hours after changes on this form

NOTE: Tulane encourages you to seek help from your advisor and your college regarding course choice. Remember, your schedule is your responsibility.