THE UNIVERSITY OF ALABAMA
Office of the University Registrar
Student Drop/Add Form

CAMPUS WIDE ID _____ NAME (Last) _____ (First) _____ (Middle) _____ Semester _____ Academic Year _____

Date Initiated _____ College _____ Major _____

FOR OFFICE USE ONLY

Dept/Course/Section DROPS	Course Title	Hours	Days	Times

ADDS				

With these changes I will be registered for _____ hours.

Adviser's Name (Please Print)

Student Signature

Adviser's Signature

Dean's Approval
Permission of the dean or dean's designee is only required for withdrawals initiated after the term deadline has passed.

WHITE COPY - UNIVERSITY REGISTRAR CANARY COPY - DIVISION/DEPARTMENT PINK COPY - STUDENT