



AUGUSTA UNIVERSITY

Health Sciences Campus
1120 15th Street
Augusta, GA 30912
T (706) 446-1430 registrar@augusta.edu

DROP/ ADD FORM

THE DEPARTMENT IS RESPONSIBLE FOR RETURNING THIS FORM TO THE OFFICE OF THE REGISTRAR AFTER APPROVALS HAVE BEEN GRANTED.

NO STUDENT WILL BE ALLOWED TO ENTER A COURSE AFTER THE DEADLINE FOR LATE REGISTRATION.

MIDTERM IS THE LAST DAY FOR WITHDRAWALS WITHOUT PENALTY.

THERE IS NO REFUND FOR DROPPING INDIVIDUAL COURSES.

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Current Student #

Last First Middle
(PLEASE PRINT NAME AS IT APPEARS ON PERMANENT RECORD)

College & Department

Date

Last Date Attended (if applicable)

FALL SPRING SUMMER

YEAR: _____

	SUBJECT CODE	COURSE NO.	CREDIT HRS.	COURSE REF. NO. (CRN)	AUDIT COURSE Yes or No	SIGNATURE(S) OF INSTRUCTOR(S)	SIGNATURE(S) OF APPROVAL
D R O P							
A D D							Advisor/ Authorizing Department Signature
							Student For Internal Use Only Processed by: _____ Date: _____

REV 1/2016

REASON FOR DROP/ADD FORM

- Late Accepted Student – Date Accepted ___/___/_____ Student Initiated Student Registered for the Wrong Course/Hours
- Student is Withdrawing from the University Departmental/Advising Error Academic – Student Failed Pre-requisite course(s)
- Departmental Scheduling Issue – Course Not Being Offered for the Term Other _____