



YEAR & SEMESTER

NOTRE DAME
OF MARYLAND
UNIVERSITY

CHANGE IN REGISTRATION: DROP/ADD FORM

Student ID # _____ Name _____ *Last* _____ *First* _____

Please check your student program:

Women's College _____ College of Adult Undergraduate Studies _____ Graduate Studies _____

MCT _____ PDI _____ CASE _____ Other _____

Preferred phone # _____ This is: Home Cell Work

I WISH TO DROP:

Course ID	Section	Lab	Auditing	Course title	Credit hrs.
<i>Sample: BUS211</i>	<i>01</i>		✓	<i>Principles of Accounting I</i>	<i>3</i>
Total					

Reason for dropping: _____

Total # of semester credits after this authorization _____

I WISH TO ADD:

Course ID	Section	Lab	Auditing	Course title	Credit hrs.
<i>Sample: BUS211</i>	<i>01</i>		✓	<i>Principles of Accounting I</i>	<i>3</i>
Total					

Reason for adding: _____

Total # of semester credits after this authorization _____

Academic Advisor's signature **Date** **Student's signature** **Date**

By my signature, I acknowledge my responsibility for payment of the tuition and fees generated by this withdrawal. I have read and understand the University policies with respect to withdrawal and refunds as posted on the Registration Course and Exam Schedules page of the Website.

Should the above transaction reflect a credit balance on my student account, I authorize the following:

- Allow credit to remain on my account
- Credit my Mastercard/Visa/Discover: Account number _____ Exp. date _____
- Mail refund to the following address: _____

 Student's signature **Date**

Copies: White: Registrar's Office Yellow: Business Office