

Questions regarding data collected may be directed to the Registrar. (HB 1922)

(PLEASE PRINT)

Student ID OR Social Security Number	Last Name	First Name	Middle Name
Date of Birth	Daytime Telephone Number		
Today's Date	Program <input type="checkbox"/> PHARM <input type="checkbox"/> SPH <input type="checkbox"/> GSBS		International Student? <input type="checkbox"/> YES <input type="checkbox"/> NO

ADD CLASS: List all courses you wish to add.

See [Academic Calendar](#) for registration periods and the last day to add classes.

Department (EXAMPLE) BACH	Course (EXAMPLE) 5310	Title (EXAMPLE) Community Assessment

DROP CLASS: List all courses you wish to drop.

Approval for drop required after last day to receive automatic W. See [Academic Calendar](#) for details.

Department	Course	Title	Instructor Signature	Grade <i>(Instructor Only: Check one)</i>
				<input type="checkbox"/> W (Withdrawal) <input type="checkbox"/> WF (Withdrawal Failing)

IF DROPPING A CLASS, RETURN THIS FORM TO THE OFFICE OF THE REGISTRAR & PLEASE READ BELOW:

- It is your responsibility to consult your advisor before dropping any class.
- A class dropped before the census date will not appear on the transcript. A class dropped after the census date will appear on the transcript & be assigned a grade of W or WF.
- Refunds:
 - If the last class of a session (8 week 1, regular, 8 week 2) is dropped, it is subject to the complete withdrawal refund schedule.
 - If a class is dropped but the student is enrolled in another class during that same session, the student will receive 100% refund if the class is dropped before the census date.
- You cannot drop your only remaining class using this form during a long semester (fall or spring).
 - If all classes are dropped during a long semester, it is considered complete withdrawal or leave of absence. You must pick up the withdrawal/leave of absence form in person at the Office of the Registrar. SPH online certificate students are exempt from requesting a leave of absence.

 Student Signature

 Date

Please allow 24 hours for processing _____

For Office Use Only

Date request completed _____