

# DROP/ADD FORM

For Office Use Only **TERM**  
**RGCHCOUR**  
**EFFECTIVE DATE**

**U** Student Number \_\_\_\_\_ Student Name (Last, First, Middle Initial) \_\_\_\_\_ School/Level/Class \_\_\_\_\_ Major/Minor \_\_\_\_\_

Email address \_\_\_\_\_ Please leave a number where you may be reached if we have any questions regarding your registration.

## DROPS UNDERGRADUATES: DROPPING BELOW 12 CREDITS MAY JEOPARDIZE YOUR FINANCIAL AID

DEPT	COURSE #	SECTION	# OF CREDITS	U / G	CREDIT ONLY	COMMENTS AND/OR RETROACTIVE DATES	DEPT	COURSE #	SECTION	# OF CREDITS	U / G	CREDIT ONLY	AUDIT	COMMENTS AND/OR OVERRIDE SIGNATURES

COMMENTS: \_\_\_\_\_  
 NOTE: JUSTIFICATION MUST BE PROVIDED BY THE DEAN WHEN FEES ARE WAIVED OR RETROACTIVE DATES RECOMMENDED (PLEASE INCLUDE SIGNATURE).

**Complete Withdrawal:** As a result of dropping these courses the student will be withdrawn from the University for this semester: Yes  No

REASON FOR COMPLETE WITHDRAWAL: (CHECK ONE)  
 Academic Difficulty  
 Deceased  
 Employment  
 Financial Difficulty  
 Health  
 Never Attended Current Term  
 Not Returning to UM  
 Personal / Transfer / Marriage  
 Study Abroad  
 Withdraw  
 Withdrawn By University  
 Withdrew From All Programs

DEAN \_\_\_\_\_ DATE \_\_\_\_\_  
 ADVISOR \_\_\_\_\_ DATE \_\_\_\_\_  
 STUDENT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Maximum number of credits approved by Dean: \_\_\_\_\_

**FOR REGISTRATION USE ONLY**  
 PROCESSED BY: \_\_\_\_\_  
 DATE PROCESSED: \_\_\_\_\_