



**GALEN
UNIVERSITY**

Office of
the Registrar

Drop/Add Form

STUDENT INFORMATION									
Student ID Number		Last Name			First Name			Middle Name	
<input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer									
Program/Major			Phone Number		Semester			Year	
Courses Dropped					Courses Added				
Course Code	Section	Course Name	Faculty Signature	Credit Hour	Course Code	Section	Course Name	Faculty Signature	Credit Hour
Reason(s) for Dropping Course:					Student Signature <input style="width: 150px;" type="text"/> Date _____ Advisor Signature <input style="width: 150px;" type="text"/> Date _____				
FOR OFFICIAL USE ONLY									
Finance Office					Registrar's Office				
Date		By (Signature)			Date		By (Signature)		
	Form Received					Form Received			
	Processed					Processed			
	Invoice Number								