Reich College of Education Drop/Add Form

Semester: ___ fall  ___ spring  ___ summer I  ___ summer II  Year: ___________

Student’s full name (Please PRINT):
_________________________________________________________

Student Banner ID: 900________

First Name  Full Middle Name  Last Name  Phone Number: ______________________

This is a petition to:

_____ ADD  Use this form to add courses after day 5 of the fall/spring semester (day 2 summer term) or to add a course that needs a permit or override.

_____ DROP  Drops can be completed through the student’s AppalNet account.

Use this form ONLY after day 5 of a fall/spring semester (day 2 summer term) when dropping a linked course (dropping a lab or lecture only) OR when switching sections due to an administrative adjustment OR when switching levels of the same discipline (dropping FL 1050 to add FL 1040).

FOR LATE DROPS (after week 9) OR EXTRA DROPS USE THE REQUEST FOR EXCEPTION TO DROP POLICY FORM.

Call/CRN Number  Course Department*  4-digit Course Number  Section Number

*course must be in department from College of Education

Extemporizing reason for drop or add:

__________________________________________________________________________________________________

__________________________________________________________________________________________________

Signatures must be obtained in the order listed:

1. ____________________________________________  Date

Student  This form must be submitted to the Dean’s Office within TWO business days of obtaining the department chair’s signature

2. ____________________________________________  Date

Instructor  If adding a student to your course, has the student attended all semester? ______  If not, what is the first date of attendance? ______

3. ____________________________________________  Date

Department Chairperson  If the chairperson approves a late add request after scheduled classes have met for two weeks (day 4 summer term), the Chair must comment to the Dean’s Office in writing (or by email) the reasons for considering the request due to exceptional circumstances.

4. ____________________________________________  Date

Dean (or designee)  RCOE Building 405 I

Dean’s Office Use Only

_____ DC Drop Counts  Drop is to be counted as a Career Drop

_____ DR Drop Replacement  Course w/same # hours will be added

_____ DH Drop Hours Change  Course w/different # hours will be added