**DROP/ADD FORM**

**UNIVERSITY OF MISSOURI – ST. LOUIS**

STUDENT NUMBER: ___________________________  STUDENT NAME: ___________________________________________________________

TERM & YEAR:     FALL_____          SPRING_____          SUMMER_____          OTHER_____  ACADEMIC UNIT___________________

THIS FORM SHOULD BE COMPLETED ONLY TO DROP/ADD DIFFERENT COURSES OR TO CHANGE CREDIT HOURS FOR A COURSE. THIS FORM SHOULD NOT BE USED TO CHANGE SECTIONS.  THIS FORM SHOULD NOT BE USED TO DROP ALL CLASSES.

**ACTION:** INDICATE FOR EACH LINE: **ADD, DROP OR CHANGE**

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<tr>
<th>ACTION</th>
<th>DEPT</th>
<th>CATALOG #</th>
<th>SECTION</th>
<th>CLASS #</th>
<th>COURSE TITLE</th>
<th>CR. HRS.</th>
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NUMBER OF CREDIT HOURS AFTER COMPLETING FORM______________

STUDENT’S SIGNATURE: ___________________________________________________ DATE_____________________

ADVISOR’S/INSTRUCTOR’S SIGNATURE: __________________________________________________________________ DATE_____________________

DEAN’S SIGNATURE: ___________________________________________________ DATE_____________________

DEAN’S SIGNATURE MAY BE REQUIRED FOR CHANGES SUBMITTED AFTER THE START OF A SEMESTER, AND MAY ALSO BE REQUIRED FOR COURSE OVERLOADS (UNDERGRADUATE-OVER 17 HOURS, GRADUATE-OVER 12 HOURS).

**THIS FORM MUST BE PROCESSED IN PERSON.**

Revised 04/08