

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**

ACTION	DEPT	CATALOG #	SECTION	CLASS #	COURSE TITLE	CR. HRS.	AUDIT

NUMBER OF CREDIT HOURS AFTER COMPLETING FORM _____

STUDENT'S SIGNATURE: _____ DATE _____

ADVISOR'S/INSTRUCTOR'S SIGNATURE: _____ DATE _____
WHEN REQUIRED

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

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**

ACTION	DEPT.	CATALOG #	SECTION	CLASS #	COURSE TITLE	CR. HRS.	AUDIT

NUMBER OF CREDIT HOURS AFTER COMPLETING FORM _____

STUDENT'S SIGNATURE: _____ DATE _____

ADVISOR'S/INSTRUCTOR'S SIGNATURE: _____ DATE _____
WHEN REQUIRED

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