



DROP/ADD OR COURSE WITHDRAWAL



NOTE: **This form is for schedule changes only.** It is **NOT** to be used to drop or withdraw an entire schedule for a semester/term. To withdraw completely from a semester/term, please use the Withdrawal Request, available in the Student Records Office or online at www4.samford.edu/groups/sturec/withdraw-form.pdf.

DIRECTIONS (**Please print**): Complete blanks, answer all questions, and obtain all required signatures. Submit signed form to Student Records, Samford Hall, Rm 214. **Instructors & Advisors: Please add the date you sign the form.**

Semester/Term: Student Name: Last Samford E-Mail:		Year: First Middle				Date:		
						SU ID#:	9	
		@samford.		l.edu		SU Box:		
1. Will dropp	ing the course(s)	put you below	v full-time status?	No 🗆	Yes 🗆	(If Yes, see	note below.)	
2. Are you pl	anning to comple	ete degree requ	irements this sem	ester? No	□ Yes			
If not, plea	se provide your	expected gradu	nation Term:		Year:			
3. Are you a	student-athlete?	No 🗆 Yes	☐ (If Yes, you	MUST ob	tain signa	ture of Athlet	ics Dept Advis	or below.)
in any athl		ities. For ANI	who drop below fu student, dropping					
	or ⊕WITHD withdrawal after lature required after	ast day to drop	a course(s).		tor's signa	ture required in	a COURSE(S order to be adde Permit Override	d to a class(es).
CRN Subject, Course#, Section (i.e., 70076 ACCT 211-01)		+Instructor Permission (Signature Date)		CRN Subject, Course#, Section (i.e., 70590 MATH 110-03)			*Instructor Permission (Signature Date)	
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Student's Signature			ite		's Signature (Required if student is registering for than the normal max load of credits)			Date
Advisor's Signature (Please write date you sign form)			ite	Dean of Academic S		ervices and Registrar		Date
Athletic Advisor Signat	ure (Required for Al	I athletes De						Revised 4/16/12