**DROP/ADD FORM**

Semester: Summer

Name: _____________________________  L.I.N.# _____/_____/_____  Phone: ____________

<table>
<thead>
<tr>
<th>Drop/Add (Specify below)</th>
<th>CRN</th>
<th>Department</th>
<th>Course Number</th>
<th>Section</th>
<th>Credit Hours</th>
<th>*Department/Instructor Approval (Only required after 5th day of classes)</th>
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If dropping, reason for dropping _____________________________________________________________
__________________________________________________________________________________________.

*Department/Instructor Approval is needed to add or drop a class after the 5th Day of Class. *(Note: this day is determined by the 5th day of summer classes and not the 5th meeting of the class you are adding or dropping.)*

Signatures:

___________________________   ___________  
Student                      Date

___________________________   ___________  
Director of Summer Sessions   Date

This change will not be official until signed by the Director of Summer Sessions. Please sign the form and carry, fax, or scan and email it to the Office of Summer Sessions. **DO NOT MAIL.**

___________________________  
Received- Summer Sessions’ Ofc.

___________________________  
Processed -Summer Sessions’ Ofc.

Date