MARTIN UNIVERSITY

Original to: Registrar
Copies to: Mentor
Bursar
Financial Aid
Student

DROP/ADD FORM

SEMESTER_____/20_____

LAST NAME: _____ FIRST NAME: _____

STUDENT ID#: _____ PHONE NUMBER: _____

	CATALOG COURSE CODE	CREDIT HOURS
☐ Dropping	_____	_____
	_____	_____
	_____	_____
	_____	_____
	_____	_____
☐ Adding	_____	_____
	_____	_____
	_____	_____
	_____	_____
	_____	_____

TOTAL HOURS *BEFORE* CHANGE _____ TOTAL HOURS *AFTER* CHANGE _____

Reason for change: _____

_____

_____

_____ **Date:** _____

Mentor Signature

_____ **Date:** _____

Student Signature

****

If dropping only or adding only, please secure Financial Aid or Bursar clearance.

Financial Aid: _____ Date: _____

Bursar (cash pay students only): _____ Date: _____

08/29/2017