

# ADD/DROP FORM

*Enrollment changes must conform to college regulations as stated in catalogue.*

Name \_\_\_\_\_

Student ID # \_\_\_\_\_ Term \_\_\_\_\_

Are you a graduating senior?  Yes  No

*(The request will be processed after verification of degree plan alignment.)*

Will the submitted or requested changes drop your enrollment below 12 hours?  Yes  No

*(Financial Aid office will be notified of enrollment status changes.)*

Are you an athlete?  Yes  No

*(Changes from full-time to part-time will be sent to the Athletics division for NCAA compliance monitoring.)*

	CRN #	COURSE #	SUBJECT	INSTRUCTOR SIGNATURE
<b>ADD</b>				
<b>ADD</b>				

	CRN #	COURSE #	SUBJECT	INSTRUCTOR SIGNATURE
<b>DROP</b>				
<b>DROP</b>				

OFFICE USE
Received By: _____
Received Date: ____/____/____
Hours changed from _____ to _____
Banner Input: _____

Student Signature \_\_\_\_\_

Advisor Signature \_\_\_\_\_



*Office of the Registrar*

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