

**University of the Incarnate Word
Add/Drop/Withdrawal Form**

This process is not complete until the Registrar's Office receives the signed form.

Semester: _____ Student ID: _____

Student's Name: _____

Student Address: _____
Street Address City State Zip

Phone Number: (____) _____ E-Mail: _____

 Student's Signature Date Advisor's Signature Date

Students: By your signature, you accept all charges and grades earned as a result of this enrollment adjustment.

ADD A CLASS					
CRN	DEPT	Number	Section	Grade Mode N = Normal A = Audit P/F = P/F	Approval Signatures: Indicate reason for signature (override limit, enrollment permission, etc.). Dean's signature required to override class limit.

DROP A CLASS				
CRN	DEPT	Number	Section	NOTICE
				It is the student's responsibility to ensure that this activity does not affect his/her financial aid, graduation, or other eligibility.

Total hours enrolled after adjustment _____ 4/18/06 12:19 PM

WITHDRAWAL

Complete this section to **withdraw from all** courses. Exit interviews are required.
 Students withdrawing must return ID card and parking decal to the Academic Advisement Office.

Perm Address: _____
Number and Street City State Zip Phone

Withdrawing from which terms (indicate all that apply): _____

Last date of attendance: _____ Major: _____ Advisor: _____

Residency: Dormitory Off Campus Gender: Male Female

Ethnicity: White Hispanic Black International Other _____

Enrollment: Full-time (12 hours or more) Part-time (Less than 12 hours)

Classification: Fr Soph Jr Sr Grad Post-grad Non-degree ADCaP Online

Reason for Withdrawal: Financial Personal Reasons Work Conflict
 Medical Transferring Other: _____

Student completed exit survey: Loan Office Financial Aid Student Affairs

Approved: _____
Director of Academic Advisement Date Rec'd by RO