

Add/Drop Form and Procedures

To add or drop a course, students must complete the following parts of the Add/Drop form:

- Write your name in the space marked **Student Name**
- Write your student identification number (found on your OneCard or in your student acceptance information) in the space marked **ID Number**
- Insert the correct information for the course being added/dropped in the space marked **Year/Semester**
- Fill in the appropriate information under “A” for Add or “D” for Drop. Make sure to include Department, Course Number and Section Number, Credit Hours and Instructor Name
- Date and Sign in the spaces marked **Date** and **Student Signature**.
- Make sure to note the **date** of the last class you attended below.

| GOUCHER —college— | | Add/Drop Form | | Year/Semester: _____ Class: _____ | |
|--|------------|---------------------------|------------------------|---|-------------------------|
| <i>Please complete with a ball point pen</i> | | | | | |
| Student Name _____ | | ID Number _____ | | | |
| | Last | First | M.I. | | |
| Add/Drop | Department | Course Number & Section | Credit Hours/ Audit | Instructor | Approval (Signature) |
| A | GPE | | | | |
| A | GPE | | | | |
| A | GPE | | | | |
| D | GPE | | | | w |
| D | GPE | | | | w |
| D | GPE | | | | w |
| <i>See catalogue for policy on adds, drops and withdrawals</i> | | | | Withdrawal Date: _____ | |
| Date: _____ | | Student Signature _____ | | Office Use Only Entered _____ Date _____ | |
| Date: _____ | | Advisor's Signature _____ | | | |
| Cum GPA: _____ | | | | | |

Education Students:

Last class attended (date): _____

Please visit the e-billing website at www.goucher.edu/billing and click Make an Online Payment To pay balance and/or fees.

| | | | | | |
|---------------------------------|---------|-------|----------------------|-------|------------------------------------|
| For office use only | | | | | |
| Initial and date when completed | | | | | |
| PC | _____ | _____ | Refund required? | _____ | If yes, amount? _____ |
| | Initial | Date | | Yes | No |
| SAS | _____ | _____ | | | |
| | Initial | Date | | | |
| Refund | _____ | _____ | What form of refund? | | |
| | Initial | Date | Credit Card | _____ | (attach copy of registration form) |
| | | | Check | _____ | (attach SAS refund request form) |
| | | | E-billing | _____ | |