Welch Center for Graduate & Professional Studies | 1021 Dulaney Valley Road, Baltimore, MD 21204

## ADD/DROP/WITHDRAW FORM

| NAME:   |           |           |         |           | Student ID #:        |                          |                                   |  |
|---|-----------|-----------|---------|-----------|----------------------|--------------------------|-----------------------------------|--|
| Last  |           | First     | MI      |           |                      | found on Goucher OneCard |                                   |  |
|   |           |           |         |           |                      |                          |                                   |  |
| Use this section if <b>Add or Drop</b> takes place <i>before</i> Add/Drop deadline            |           |           |         |           |                      |                          |                                   |  |
|   |           |           |         |           |                      |                          |                                   |  |
| ADD or DROP   | YEAR/TERM | COURSE ID | SECTION | # CREDITS | INSTRUCTOR'S SIGNATU | JRE                      |                                   |  |
|   |           |           |         |           |                      |                          |                                   |  |
|   |           |           |         |           |                      |                          |                                   |  |
|   |           |           |         |           |                      |                          |                                   |  |
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|   |           |           | I       |           |                      |                          |                                   |  |
|   |           |           |         |           |                      |                          |                                   |  |
| Use this section if Withdraw takes place after Add/Drop deadline and before Withdraw deadline |           |           |         |           |                      |                          |                                   |  |
|   |           | 1         | 1       | T         |                      |                          | 1                                 |  |
| WITHDRAW  | YEAR/TERM | COURSE ID | SECTION | # CREDITS | INSTRUCTOR'S SIGNATU | JRE                      | INSTRUCTOR:<br>STUDENT'S LAST DAY |  |
|   |           |           |         |           |                      |                          | OF ATTENDANCE                     |  |
|   |           |           |         |           |                      |                          |                                   |  |
|   |           |           |         |           |                      |                          |                                   |  |
|   |           |           |         |           |                      |                          |                                   |  |
|   |           |           |         |           |                      |                          |                                   |  |
|   |           |           |         |           |                      |                          |                                   |  |
|   |           |           |         |           |                      |                          |                                   |  |

## \*\*\* ARE THE ACTIONS ABOVE DUE TO EVENTS RELATED TO COVID? YES or NO \_\_\_\_\_

## Please note:

- Deadlines are determined on semester-by-semester basis and are posted to the Welch Center's Academic Calendar.
- Actions taking place *after* Withdraw deadline require the Student to petition, which uses a separate *Petition* form.
- Visit the Registrar's Policies page for details on policies & procedures: <u>https://www.goucher.edu/registrar/policies/</u>
- For Student receiving financial aid: dropping/withdrawing may affect aid. Please consult with finaid@goucher.edu
- This form cannot be processed without all relevant rows/columns completed and signatures obtained.

| Student Signature:  | Date: |
|---------------------|-------|
| Advisor Signature:  | Date: |
| Director Signature: | Date: |

## STUDENT - Please submit completed form to: Registrar@goucher.edu

or fax to 410-337-3111; or mail to Registrar, Goucher College, Dorsey 207, 1021 Dulaney Valley Road, Baltimore, MD 21286