Request for Late Drop & Add

DEADLINES FOR 2015-2016

FALL TERM 2015: NOVEMBER 13  WINTER TERM 2016: MARCH 18
SPRING TERM 2016: JUNE 3  SPRING/SUMMER 2016: JULY 8  SUMMER TERM 2016: JULY 29

▪ DO NOT use this form if you are joint with Honors and RC. Go to the RC and follow their late drop/add procedures, even if the class is an Honors class.
▪ DO NOT use this form if you are enrolled in any other College (Business School, Music, etc.), even if the class you want to modify is in LSA. Instead, contact the advising center of your school or program and ask about their add/drop policy.
▪ DO NOT use this form if you are trying to drop the only class/all the classes you are registered for. Instead, ask the front desk about the procedures for a Term Withdrawal.

Instructions: Complete both sides of this form.
Have your instructor complete the instructor section on the back of this form.
Return the completed form to the Honors Office, 1330 Mason Hall.

Printed Name: ____________________________  ID# ______________________

Uniqname: ____________________________  Phone__________________________

I wish to:
☐ ADD a course  ☐ DROP a course  ☐ MODIFY credit hours
(you MUST have an override)  (you MUST meet with an advisor)

PLEASE ADD:

Class # / Subject / Catalog # / Section / # hours

Example: 12345 / Great Books / 191 / 003 / 4

PLEASE DROP:

Class # / Subject / Catalog # / Section / # hours

Example: 12345 / Great Books / 191 / 003 / 4

PLEASE MODIFY: Subject / Catalog# from ___ hours to ___ hours

NOTE: Only courses that have the option for variable credit hours (UROP, independent research, thesis courses) can be modified.

Why are you making this change?

If a drop is requested, will this affect either your concentration plan or distribution pattern?
What will your schedule be after this change?

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TOTAL CREDIT HOURS___

I have read the above statements, and assume full responsibility for whatever effect this change of academic program may have upon my future program of studies.

Signature:_________________________ Date________________

TO THE INSTRUCTOR:
Level of participation (select one):

☐ Never    ☐ Partially    ☐ Fully

☐ Last date of participation (required): ____________________________

☐ I have discussed the implications of dropping or modifying the credit hours for this course with the student.

Printed name:_________________________ Uniqname _____________________

Signature:_________________________ Date________________

INSTRUCTOR COMMENTS:

FOR HONORS OFFICE USE ONLY:

Advisor Approval:_________________________ Date______________

Advisor Comments:

Date received: _______________ Date Processed: _______________