

HIGH POINT UNIVERSITY GRADUATE DROP/ADD

Term

Year

Student Identification Number _____

Name _____
Last
First
Middle
Maiden/Former

Mailing Address _____
Street/P.O. Box

City
State
Zip Code

Telephone Number _____
Day
Evening
Area Code
Area Code

E-mail Address _____

COURSES TO BE DROPPED

Course #	Course Title	Day	Time	Instructor	Credit Hours	Audit Hours

COURSES TO BE ADDED

Course #	Course Title	Day	Time	Instructor	Credit Hours	Audit Hours

TOTAL HOURS Before Drop/Add _____

TOTAL HOURS After Drop/Add _____ **Additional hours require payment at the time of registration.**

OVERLOAD APPROVAL. Registration for more than 10 hours requires prior approval from the director or chair of your program.

Signature of Program Director or Department Chair

Date

THIS SECTION TO BE PROCESSED BY THE OFFICE OF THE REGISTRAR

Signature of Staff Member

Date

