



# Add/Drop

University of Southern Indiana  
 Registrar's Office  
 Orr Center, Rm 1075 Email: [registrar@usi.edu](mailto:registrar@usi.edu)  
 Phone: 812-464-1762 Fax: 812-464-1911

STUDENTS DO NOT WRITE IN THIS AREA	
Percentage of refund	
Processed by	Date
Checked by	Date
Student's program	

**Use this form if you are adding and/or dropping courses that will leave you still enrolled in the semester/term**

Student ID Number: 000 Name (Last, First, MI): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Semester/Term of Add/Drop: \_\_\_\_\_ Year: \_\_\_\_\_

**The student's signature is required for all add/drops. Additional required signatures include:**

	Drop (part of schedule)	Add
New Freshmen and degree-seeking undergraduates with fewer than 30 earned hours	Instructor and Advisor	Instructor and advisor
Undergraduates with 30 or more earned hrs, non-degree-seeking students, graduate students	Instructor	Instructor

**SECTION ONE:** Indicate each class you wish to drop and/or add for the current semester/term

D R O P	CRN	Subject	Course Number	Section Number	Hrs	Instructor's Signature * †	A D D	CRN	Subject	Course Number	Section Number	Hrs	Instructor's Signature †	

\* If instructor is not available, see the instructor's department chair.  
 † If department chair is not available, see the instructor's dean.

† Instructor's signature not required for special length courses that have not yet started

## SECTION TWO (TERMS AND CONDITIONS):

Please initial beside each item to indicate you have carefully read all terms and conditions.

- 1) I understand that it is **my responsibility** to complete this Add/Drop form and obtain all required signature(s) before submitting it, and that it is **my responsibility** to submit the completed form to the Registrar's Office for processing.*  
initials \_\_\_\_\_
- 2) I understand my Add/Drop form will only be processed once the form is completed in its entirety and submitted to the Registrar's Office. If it is faxed or scanned/emailed after hours, I understand that it will not be processed until the next business day. Any refund (if applicable) will be granted according to the refund rate in effect on the day the completed Add/Drop form is processed. Refer to the Refund Schedule ([www.usi.edu/registrar/schedule-changes/refund-schedules](http://www.usi.edu/registrar/schedule-changes/refund-schedules))*  
initials \_\_\_\_\_
- 3) It is my responsibility to consult with my academic advisor to determine how this add/drop may impact my grades, cumulative GPA, and overall academic progress. Refer to [www.usi.edu/registrar/grades-grading-policies](http://www.usi.edu/registrar/grades-grading-policies) for more information.*  
initials \_\_\_\_\_
- 4) I understand that dropping one or more course could result in the reduction or loss of financial aid and/or scholarships (including 21<sup>st</sup> Century), and that it is my responsibility to check my situation with Student Financial Assistance.*  
initials \_\_\_\_\_
- 5) It is my responsibility to contact the appropriate offices to determine how this add/drop may impact the following:*  

University housing (Housing and Residence Life; 812-468-2000)	Meal plan (Eagle Access Card; 812-464-1859)
Financial aid (Student Financial Assistance; 812-464-1767)	Account balance (Bursar; 812-464-1842)
Returning textbooks (Campus Store; 812-464-1717)	Student employment (Human Resources; 812-464-1815)

  
initials \_\_\_\_\_
- 6) I understand that dropping courses may delay my graduation.*  
initials \_\_\_\_\_
- 7) I understand that I cannot drop any special length course that has already ended at the time this Add/Drop form is processed by the Registrar's Office, and that I will receive a final grade for said course.*  
initials \_\_\_\_\_

**SIGNATURES:** By signing this form, I agree to the terms and conditions above and understand that revising my schedule does not release me from any financial obligations with other University offices.

Student's handwritten/legal signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 (a digital signature will not be accepted)

Registrar's use only

NA 30+ hrs

PRINTED name of Academic Advisor or designee \_\_\_\_\_ SIGNATURE of Academic Advisor or designee \_\_\_\_\_

Instructor signature(s) should be obtained under section one. If required, the academic advisor or authorized designee's signature should be placed on the above line. Authorized designees include the Director of Advising for the college of your major, Assistant Dean, Associate Dean, or Dean.

Submit the completed form to the Registrar's Office in person, by fax to 812-464-1911, or scanned/emailed to [registrar@usi.edu](mailto:registrar@usi.edu)