



**Office of the Registrar**  
Registrar@saybrook.edu

**ADD/DROP FORM**

**INSTRUCTIONS:** Fill this form out if you are registering for a semester or if you have already registered and need to modify your course schedule for the semester. Fill out the information below, including your signature. Email the document as an attachment to [Registrar@saybrook.edu](mailto:Registrar@saybrook.edu).

Student Name (print): \_\_\_\_\_ Student ID \_\_\_\_\_

Semester:  Fall  Spring  Summer Year: \_\_\_\_\_ Degree Level/Program: \_\_\_\_\_

In requesting any changes to their registration, students take responsibility for adjustments made to their student account balance or financial aid eligibility as a result of the changes. Students receiving financial aid should be aware of the impact that adding/dropping a course could have on their enrollment status and therefore financial aid.

Student's Signed Acknowledgement: \_\_\_\_\_ Date: \_\_\_\_\_

**ADD** the following course(s) to my current registration:

Courses may only be added through the add/drop deadline of the semester. You must include the entire course code and section.

1.	Program Prefix	Course Number	Section	Crs	4.	Program Prefix	Course Number	Section	Crs
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	= <input type="text"/>
2.	Program Prefix	Course Number	Section	Crs	5.	Program Prefix	Course Number	Section	Crs
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	= <input type="text"/>
3.	Program Prefix	Course Number	Section	Crs	6.	Program Prefix	Course Number	Section	Crs
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	= <input type="text"/>

**DROP** the following course(s) from my current registration:

1.	Program Prefix	Course Number	Section	Crs	4.	Program Prefix	Course Number	Section	Crs
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	= <input type="text"/>
2.	Program Prefix	Course Number	Section	Crs	5.	Program Prefix	Course Number	Section	Crs
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	= <input type="text"/>
3.	Program Prefix	Course Number	Section	Crs	6.	Program Prefix	Course Number	Section	Crs
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	= <input type="text"/>

FOR OFFICE USE ONLY										
DOD (Date Received):			Date Entered (CVue):				Drop Week:			
Prev Hrs/Status:	<input type="checkbox"/> FT <input type="checkbox"/> HT <input type="checkbox"/> LHT		Curr Hrs/Status:	<input type="checkbox"/> FT <input type="checkbox"/> HT <input type="checkbox"/> LHT			FA Adjustment Needed: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Course(s) Removed: <input type="checkbox"/> Yes <input type="checkbox"/> No			Grade: <input type="checkbox"/> W <input type="checkbox"/> F <input checked="" type="checkbox"/> N/A				Refund %:			
Registrar Processed (date and initials):			Grade:				Date Ref. Iss:			
Financial Aid Processed (date and initials):			Comments:							
Student Accounts Processed (date and initials):			Comments:							