

DROP/ADD REQUEST FORM

Records and Registration/State University of New York at New Paltz, N.Y. 12561

REGISTRATION FOR: ___ FALL ___ SPRING ___ SUMMER I ___ SUMMER II YEAR ___

CHECK ONE: ___ Undergraduate ___ Graduate ___ C.E.

Name: Last First MI

Local address: Street

City State Zip Code

() Telephone number

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Student ID # (x _ _ _ _ _) or SS # (optional)

This is a new address.

TO BE DROPPED

COURSE #	SEC. #	TITLE

OFFICE USE ONLY

WAIT LIST

TO BE ADDED

COURSE #	SEC. #	TITLE

Number of Credits: Before Changes: ___ After Changes: ___

STUDENTS RECEIVING FINANCIAL AID SHOULD CHECK WITH FINANCIAL AID OFFICE, HAB 603, IF YOUR TOTAL CREDITS AFTER CHANGES EQUAL LESS THAN FULL TIME.

EOP Advisor (if applicable)

Student's Signature

Date

DATE EFFECTIVE	CRS.	DATE PROCESSED

RETURN COMPLETED FORM TO: RECORDS AND REGISTRATION OFFICE, HAB 19