DATE PROCESSED	PROCESSOR'S INITIALS

DROP/ADD REQUEST FORM

Records and Registration/State University of New York at New Paltz/HAB 19/500 Hawk Drive, New Paltz, NY 12561-2439

REGISTRATION FOR: ☐ FALL ☐ SPRING ☐ SUMMER YEAR _____

CHECK ONE: ☐ Undergraduate ☐ Graduate ☐ NM UG ☐ NM GR

_____

Last Name *First* *MI*

N | | | | | | | | |

Student ID #

_____

Street

_____

City *State* *Zip Code*

_____

E-mail

(_____) _____

Telephone number

TO BE DROPPED

CRN	Course No.	Sec. No.	Course Title

TO BE ADDED

CRN	Course No.	Sec. No.	Course Title

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

Number of Credits: Before Changes: _____ After Changes: _____

_____

EOP Advisor (if applicable)

_____

Student's Signature *Date*

_____

Major Advisor (freshmen or first-year transfers)

5/11 · 38-009