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*

_____
Street

_____
City *State* *Zip Code*

(_____) _____
Telephone number

N								

Student ID #

_____
E-mail

TO BE DROPPED

COURSE # or CRN						SEC. #		TITLE

TO BE ADDED

COURSE # or CRN						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)

_____
Major Advisor (freshmen or first-year transfers)

_____
Student's Signature *Date*

8/07 · 38-009