



Office of Records & Registration  
500 Hawk Drive, New Paltz, NY 12561-2439

# ADD/DROP REQUEST

|                |                      |
|----------------|----------------------|
|                |                      |
| DATE PROCESSED | PROCESSOR'S INITIALS |

REGISTRATION FOR:  Fall  Winter  Spring  Summer 20\_\_\_\_  
 CHECK ONE:  Undergraduate  Graduate  NM UG  NM GR

|                       |       |          |  |   |  |  |  |  |  |  |  |  |  |
|-----------------------|-------|----------|--|---|--|--|--|--|--|--|--|--|--|
|                       |       |          | <table border="1" style="width: 100%; text-align: center;"> <tr> <td style="width: 10%;">N</td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> </tr> </table> | N |  |  |  |  |  |  |  |  |  |
| N                     |       |          |  |   |  |  |  |  |  |  |  |  |  |
| Last Name             | First | MI       | Student ID Number  |   |  |  |  |  |  |  |  |  |  |
| Local Address: Street |       | Apt. No. | E-mail   |   |  |  |  |  |  |  |  |  |  |
| City                  | State | Zip Code | (____) _____<br>Telephone Number   |   |  |  |  |  |  |  |  |  |  |

**TO BE ADDED**

| CRN | COURSE NO. | SEC. NO. | COURSE TITLE |
|-----|------------|----------|--------------|
|     |            |          |              |
|     |            |          |              |
|     |            |          |              |

**TO BE DROPPED**

| CRN | COURSE NO. | SEC. NO. | COURSE TITLE |
|-----|------------|----------|--------------|
|     |            |          |              |
|     |            |          |              |
|     |            |          |              |

**STUDENTS RECEIVING FINANCIAL AID SHOULD CHECK WITH FINANCIAL AID OFFICE, WOOSTER HALL 124, IF YOUR TOTAL CREDITS AFTER CHANGES EQUAL LESS THAN FULL TIME.**

|                                       |      |                      |      |
|---------------------------------------|------|----------------------|------|
| EOP Advisor signature (if applicable) | Date | Signature of Student | Date |
| Major Advisor signature (freshmen)    | Date |                      |      |

**OFFICE USE ONLY: Registration permission required (check all that apply)**

**You need to do the following:**

- Restricted course or closed course – electronic permission needed. Go to: \_\_\_\_\_
- Instructor and/or Chair permission required – electronic permission needed. Go to: \_\_\_\_\_
- See Associate Dean. Go to: \_\_\_\_\_
- After the above is completed, return to WH 115 with the add/drop form to be registered.