

University of Arkansas Rich Mountain

Drop/Add Form

Fall Spring Summer I Summer II _____
YEAR

SS# _____ Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Drop/Add	Course Number	Course Name	Instructor Initials

Student Signature: _____ Date: _____

FINANCIAL AID: _____
THIS FORM MUST BE SIGNED BY A FINANCIAL AID REPRESENTATIVE BEFORE STUDENT IS DROPPED FROM CLASS.

CAREER PATHWAYS: _____
IF STUDENT IS A CAREER PATHWAYS CLIENT, THIS FORM MUST BE SIGNED BY A CAREER PATHWAYS REPRESENTATIVE BEFORE STUDENT IS DROPPED FROM CLASS.

STUDENT SUPPORT SERVICES: _____
VERIFY THAT STUDENT HAS RETURNED ALL MATERIALS ASSOCIATED WITH DROPPED CLASS.

BOOKSTORE: _____ BUSINESS OFFICE: _____

MATH DEPARTMENT: _____

*****IMPORTANT*****

THIS FORM MUST BE RETURNED TO THE REGISTRAR'S OFFICE.

Official Signature

Date Returned