

The University of Findlay

Session _____

ADD/DROP FORM

PLEASE NOTE: A CHANGE IN YOUR COURSE LOAD MAY AFFECT YOUR FINANCIAL AID AND/OR ATHLETIC ELIGIBILITY.

NAME: _____ ID# _____
Last First Initial

ADD: _____
Course Number and Section Number Course Title Instructor (signature if after first week)

DROP: _____
Course Number and Section Number Course Title Instructor

Student's Signature _____

Faculty Adviser's Signature _____

DO NOT WRITE BELOW THIS LINE

Received by: _____ Date: _____ Student's total hours: _____ Business Office: _____

This form needs to be returned to the Office of the Registrar for processing.
1000 N Main St Findlay OH 45840 Fax (419)434-4822