

DROP/ADD PERMISSION FORM

UNCG University Registrar's Office

Student ID: _____

PRINT NAME: _____ SIGNATURE: _____
LAST FIRST MI

E-MAIL ADDRESS: _____

SEMESTER/YEAR (*CHOOSE ONLY ONE*): FALL 20____ SPRING 20____ SUMMER I 20____ SUMMER II 20____

This student is eligible and approved to add or drop the following courses as required by drop/add policies and as indicated below. Please indicate an **A** for Add, **D** for Drop. Circle course overload/restriction permission as appropriate.

← _____ *For instructor use only* _____ →

Indicate A for Add D for Drop	CRN #	Dept	Course Number	Section	Credit Hours	Audit for 0 Credit?		Add this student even if course is closed?		Override course restrictions?		Instructor Authorization* (Signature and Date)
						yes	no	yes	no	yes	no	
						yes	no	yes	no	yes	no	
						yes	no	yes	no	yes	no	
						yes	no	yes	no	yes	no	
						yes	no	yes	no	yes	no	

INSTRUCTOR: *For course restriction overrides (prerequisites, major, class, level, etc.), please also indicate *yes* or *no* in the "Add this student even if course is closed" block.

STUDENT:

Forging or altering approved entries are violations of the *Student Code of Conduct* and may result in sanctions that include dismissal from the University.