

**GALEN UNIVERSITY
DROP AND ADD FORM
SEMESTER: _____**

NAME: _____				Student Number: _____			
Last		First		MI			
DROP				ADD			
Course Code	Faculty Signature	Course Name	Credit Hour	Course Code	Faculty Signature	Course Name	Credit Hour
REASON FOR DROP: _____							

Advisor Signature: _____

Date: _____

Student Signature: _____

Date: _____

The Registrar's Office	
<input type="checkbox"/> Day <input type="checkbox"/> P/T <input type="checkbox"/> Grad	
Complete Drop	
Date Processed	
Initials	

For Official Use Only		
Date form was received: _____		
Date		Signature
	Finance Office	
	Invoice Number	
	Registrar's Office	