Print Form

ATHENS STATE UNIVERSITY
DROP-ADD/WITHDRAWAL FORM

In making this schedule adjustment, it is the student's responsibility to make sure that course(s) selected meet the student's program requirements.

Semester _____ 20 ____

Student ID No. _____

Name_____
Last **First** **Middle**

Telephone (H) _____ (W) _____

Date of Drop-Add/Withdrawal_____

Do you receive veterans benefits? Yes ☐ No ☐
(If yes, contact the VA Office immediately.)

Reason for withdrawal _____

_____

Student's Signature _____

Please see dates in respective schedule for last day to withdraw.
(NO WITHDRAWALS ACCEPTED AFTER THAT DATE)

DROP					ADD					
Ref. #	**Cr. Abbr. & No.**	**Instructor**	**Days**	**Time**	**Ref. #**	**Cr. Abbr. & No.**	**Cr. Title**	**Days**	**Time**	**Audit**

Students may withdraw from courses up to the deadline date. After that date, no withdrawals will be processed. A student not following these procedures will receive the grade of "F".

WHITE - Admissions Office CANARY - Fin. Aid/Veterans Affair PINK - Student

7/28/08
tmh