

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)434-5565