



|                 |
|-----------------|
| YEAR & SEMESTER |
| _____           |

NOTRE DAME  
 OF MARYLAND  
 UNIVERSITY

## CHANGE IN REGISTRATION: DROP/ADD FORM

Student ID # \_\_\_\_\_ Name \_\_\_\_\_  
*Last* *First*

Preferred phone # \_\_\_\_\_ This is:  Home  Cell  Work

**I WISH TO DROP:**

| Course ID             | Section/Lab | Auditing | Course title                      | # Credits |
|-----------------------|-------------|----------|-----------------------------------|-----------|
| <i>Sample: BUS211</i> | <i>01</i>   | <i>✓</i> | <i>Principles of Accounting I</i> | <i>3</i>  |
|                       |             |          |                                   |           |
|                       |             |          |                                   |           |
|                       |             |          |                                   |           |
|                       |             |          |                                   |           |
|                       |             |          |                                   |           |
| <b>Total</b>          |             |          |                                   |           |

Reason for dropping: \_\_\_\_\_

Total # of semester credits after this authorization \_\_\_\_\_

**I WISH TO ADD:**

| Course ID             | Section/Lab | Auditing | Course title                      | # Credits | Reason for Approval/Dept. Chair or Designee Signature   |
|-----------------------|-------------|----------|-----------------------------------|-----------|---|
| <i>Sample: BUS211</i> | <i>01</i>   | <i>✓</i> | <i>Principles of Accounting I</i> | <i>3</i>  | <i>course overload, pre-requisite waiver, late enrollment, outside modality, international student etc.</i> |
|                       |             |          |                                   |           |   |
|                       |             |          |                                   |           |   |
|                       |             |          |                                   |           |   |
|                       |             |          |                                   |           |   |
| <b>Total</b>          |             |          |                                   |           |   |

Reason for adding: \_\_\_\_\_

Total # of semester credits after this authorization \_\_\_\_\_

***By my signature, I acknowledge my responsibility for payment of the tuition and fees generated by this withdrawal. I have read and understand the University policies with respect to withdrawal and refunds as posted on the Registration Course and Exam schedules page of the website.***

***Refund schedule: refund dates are noted on the academic calendar at <http://ndm.edu/academic-calendar>. Refund and withdrawal policies can be found at <http://ndm.edu/business-office/tuition-fees>.***

***Financial Aid - Your award may be reduced if you receive financial aid and withdraw from classes.***

***I understand and accept the responsibility these changes will have on achieving my educational goals.***

\_\_\_\_\_  
 Academic Advisor's signature Date Student's signature Date

\_\_\_\_\_  
 Processed by/Date