Plymouth State University
of the University System of New Hampshire
Office of the Registrar

PART-TIME DROP/ADD FORM

Status: ☐ **Part-Time Matriculated** ☐ **Part-Time Non-Matriculated** _____ **Term and Year**

_____ _____
Last Name **First Name** **M.I.** **Student ID**

A registration form, not a Drop/Add form, must be used the first time you register for the term. A Drop/Add form is used only after your initial registration. After registering at the Registrar's Office, you must process this form at the Bursar's Office on the day you register, or any course added will be dropped

I wish to **DROP** the following course:

	CRN	Course ID	Title	Cr.
DROP				

Instructors Signature:_____

I wish to **ADD** the following course:

	CRN	Course ID	Title	Cr.
ADD				

Instructors Signature:_____

Fee Adjustment: $

Student Signature:_____*Date:*_____

Adding and Dropping Courses

See the Time & Room Schedule and the web calendar for the exact add and drop deadlines.

Instructor signature(s) do not excuse students from meeting add and drop deadlines.

Fill out this form, secure all signatures and process this form at the Office of the Registrar by the appropriate deadline.