

UNIVERSITY OF EVANSVILLE

DROP/ADD FORM

Student ID Number	Last Name	First Name	MI	Semester/Year
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	Subject	Course #	Section #	Hrs.	Instructor's Signature (required after first week of class)		Subject	Course #	Section #	Hrs.	PF/AU	Instructor's Signature (required: closed/after first week of class)	
D R O P						A D D							

Advisor's Signature (required after the start of the term)	Date
--	------

Office Use Only
Processed By _____
Date _____
Effective Date _____

Student's Signature – I pledge to uphold the UE Academic Honor Code	Date
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Athletic Director of Compliance's Signature (required for all athletes)	Date
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Form must be submitted to Academic Services with all required signatures by appropriate deadline (see academic calendar at www.evansville.edu/registrar).

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