



REGISTRAR'S OFFICE
 3001 Mercer University Drive
 Atlanta, GA 30341
 (678) 547-6263 Fax (678) 547-6137

DROP/ADD/WITHDRAWAL FORM

FOR TERM: (Circle) FALL SPRING SUMMER YEAR_____

Last Name:	First:	Middle:	Student ID Number:

COURSES TO BE ADDED TO SCHEDULE

(Courses may be added only during the published drop/add period.)

Session I, II, or III	Course#/Section Ex: BAA 601.A13	Hours	Day	Time	*S/U Option Or Audit?	Advisor's Initials

*S/U = satisfactory/unsatisfactory. Check Bulletin for restrictions.

COURSES TO BE DROPPED

(Courses may be dropped only during the published drop/add period.)

COURSES TO BE WITHDRAWN

(Courses may be withdrawn after drop/add and before published withdrawal deadline.)

Session I, II, or III	Course#/Section Ex: NUR 211.N01	Hours	Day	Time	*S/U Option Or Audit?	Advisor's Initials

*S/U = satisfactory/unsatisfactory. Check Bulletin for restrictions.

Reason for change:

I certify that after this course change I will be registered for _____ number of courses and _____ credit hours.

STUDENT SIGNATURE: _____ **DATE:** _____

ADVISOR SIGNATURE: _____ **DATE:** _____