UNIVERSITY OF MIAMI

DROP/ADD FORM

For Office Use Only	TERM
RGCHCOUR	

Student Number	Student Name (Last, First, Middle Initial)	School/Level/Class	Major/Minor	EFFECTIVE DATE

Email address

Please leave a number where you may be reached if we have any questions regarding your registration:

DROPS

UNDERGRADUATES: DROPPING BELOW 12 CREDITS MAY JEOPARDIZE YOUR FINANCIAL AID

ADDS

DEPT	COURSE #	SECTION	# OF CREDITS	U / G	CREDIT ONLY	COMMENTS AND/OR RETROACTIVE DATES	DEPT	COURSE #	SECTION	# OF CREDITS	U / G	CREDIT ONLY	AUDIT	COMMENTS AND/OR OVERRIDE SIGNATURES

COMMENTS:
NOTE: JUSTIFICATION MUST BE PROVIDED BY THE DEAN WHEN FEES ARE WAIVED OR RETROACTIVE DATES RECOMMENDED (PLEASE INCLUDE SIGNATURE).

Complete Withdrawal: As a result of dropping these courses the student will be withdrawn from the University for this semester: Yes ☐ No ☐

REASON FOR COMPLETE WITHDRAWAL: (CHECK ONE)

- ☐ Academic Difficulty
- ☐ Deceased
- ☐ Employment
- ☐ Financial Difficulty
- ☐ Health
- ☐ Never Attended Current Term
- ☐ Not Returning to UM
- ☐ Personal / Transfer / Marriage
- ☐ Study Abroad
- ☐ Withdrawn
- ☐ Withdrawn By University, Ineligible To Return To Any Program

DEAN _____ DATE

ADVISOR _____ DATE

STUDENT SIGNATURE _____ DATE

Note: Dean's signature required for credit overload, dropping or adding after the deadline, backdating and exceptions within individual schools.

Maximum number of credits approved by Dean: _____

FOR REGISTRATION USE ONLY

PROCESSED BY: _____

DATE PROCESSED: _____

REGISTRAR COPY