

Semester: Fall Spring Summer

Year: 20_____

Norwich University

Add/Drop/Withdrawal Form

Students are Responsible for Selecting Courses to Fulfill Degree Requirements

Student ID A#: _____

Student Name: _____

Major: _____

Advisor's Name: _____

ADDS

CRN Number	Course/Section Number	Credit Hours or Audit	Course Title	Special Permission Signatures	
				Instructor's Permission &/or School Dean/Dept Chair	

DROPS/WITHDRAWALS

CRN Number	Course/Section Number	Credit Hours or Audit	Course Title	Instructor's Signature for Withdrawals	
				(not required for Drops)	

Total Active Semester Hour Load after this ADD/DROP/WITHDRAWAL: _____

Processed by: Initials

This ADD/DROP/WITHDRAWAL is in accordance with university regulations



Student Signature

Date

Advisor Signature

Date

Revised 10/07