

Name _____ Date _____

Last

First

MI

Student ID _____ Geneva Email address _____

Semester _____ Year _____ Advisor's Signature _____

Academic Dean's Signature (if required) _____ Date _____

Beginning Credits		Add		Drop		Ending Credits	
Action	Course Num (e.g. BIB 113 01)	Credits	Days (MTWRF)	Time	Instructor's Signature (required for closed class or special permission)		
Add							
Add							
Add							
Add							
Add							
AUDIT		0					

Review your academic concerns, eligibility, financial aid, and health insurance, with your advisor before dropping courses.

*Note: TUG classes dropped after 2nd week are **Withdrawals** and receive a **W** grade (**WP**, **WF**, or **WX**) and appear on the transcript)*

Action	Course Num (e.g. BIB 113 01)	Credits	Days	Time	Instructor's Signature (required after 2 nd week of Semester)	WX WP WF
Drop						
Drop						
Drop						
Drop						
Drop						

DIII Varsity Athletes, please obtain coach's signature for drops and withdrawals.

Coach's Signature _____ Date _____