

NAME _____ ID# _____ # HRS AFTER CHANGE _____

RANDOLPH-MACON COLLEGE - DROP/ADD FORM

TERM & YEAR: ___ FALL ___ JAN ___ SPR ___ SUMR 20___ STATUS: ___ FR ___ SO ___ JR ___ SR ___ SP

Are you on Academic Probation? ___yes/___no

Phone#: _____

COURSES TO BE DROPPED

COURSES TO BE ADDED

Dept.	#	Sec.	Instructor Signature	Date	Dept.	#	Sec.	Instructor Signature	Initial here to waive pre-req	Date

STUDENT SIGNATURE: _____ DATE: _____

ADVISOR SIGNATURE: _____ DATE: _____

If you have less than 12 hours after the change, the following signatures are required, where appropriate:

Director of Residence Life _____

Date: _____

Director of Financial Aid _____

Date: _____

Athletic Coach _____

Date: _____

SPECIAL APPROVAL:

Associate Dean of the College: _____

Date: _____

PROCESS DATE _____

CLASSES ARE NOT ADDED OR DROPPED UNTIL THIS FORM IS RETURNED TO THE REGISTRAR'S OFFICE FOR PROCESSING. THE STUDENT MUST BE PRESENT WHEN THE FORM IS PROCESSED. REFER TO THE CATALOG FOR REGULATIONS. (REG-10/07-Excel)