



Student Name:		OEN:	
To DROP and/or ADD courses, complete this form in consultation with your academic advisor or the Principal, whose approval must be included in Sections 3 and 4 below. Courses CANNOT be changed after the first 10 hours of classes is complete.			
SECTION 1			
Change for academic year 20_____ / _____ (circle one) Fall Winter Spring			
SECTION 2			
Circle One in Following	Course Code	Course Name	Reason for Add/Drop
ADD DROP			
ADD DROP			
ADD DROP			
SECTION 3			
I acknowledge that I am academically and financially responsible for the courses in which I am enrolled, and for those I am opting to drop. I accept that where I opt to drop a course after the deadline for partial refund of fees, I am not eligible for a fee refund. As I am a full-time student, I also acknowledge that I consulted my academic advisor/principal regarding my dropping and/or adding courses.			
_____		_____	
Student Signature		Date	
SECTION 4			
Academic Advisor/Principal Approval:			
[Yes]		[No]	
_____		_____	
Academic Advisor/Principal Signature		Date	