**ADD/DROP CARD**

Name: ___________________________  Last  First  M.I.

Email: ________________________  @uwosh.edu

Student ID#: __________ __________ __________ __________

Term:  Fall 20____  Spring 20____  Summer 20____

<table>
<thead>
<tr>
<th>ADD</th>
<th>DROP</th>
<th>Class #</th>
<th>Subject/Catalog #/Section #</th>
<th>Course Title</th>
<th>Credit</th>
<th>Audit</th>
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Student Signature ___________________________  Date __________

Advisor Signature ___________________________  Date __________

Instructor/Department Signature _______________  Date __________

Notes/Comments:

Signature approves consent, class limit, and requisites.

Add/Drops are not official until they are processed by the Registrar's Office.

By signing this add/drop card, I (Student) agree to pay all costs associated with my enrollment at the University. Furthermore, I agree to pay all collection expenses, including reasonable attorney's fees, which the University may incur if I do not fulfill my payment obligations.