ADD/DROP CARD

Name: _____
Last First M.I.

Email: _____@uwosh.edu

Student ID#: ☐☐☐☐☐☐☐

Term: Fall 20____ Spring 20____ Summer 20____

ADD	DROP	Class #	Subject/Catalog #/Section #	Course Title	Credit	Audit
☐	☐	_ _ _ _ _			☐	☐
☐	☐	_ _ _ _ _			☐	☐

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.