



University of the Ozarks Add/Drop Form

Term _____

Name _____
 Last First MI

ID Number _____

Courses to be **ADDED**

Dept	Course No	Type	Se c	Course Title	Instructor must Initial form	Date

Courses to be **DROPPED**

Dept	Course No	Type	Se c	Course Title	Instructor must Initial form	Date

Number of Hours before ADD/DROP _____

Number of Hours after ADD/DROP _____

Student Athlete _____
 Varsity Sport

VA Student: Y / N

Graduation Term _____

Impact on degree progress: _____

Advisors' Signature _____ Student Signature _____ Date _____

For office use only

Notified Athletics _____ Notified Administrative Services _____ Registrar's Office _____

