



E-mail: fmuregistrar@fmuniv.edu Phone: (305) 626-3752-4

## **DROP/ADD FORM**

Full time students with less than 12 credit hours are at risk of losing their Financial Aid award.

Semester:	Fall	Spring	Summer		Year				
Student ID#: _			Student E-mail						
Last Name:			First Name:				MI:		
			D	ROP	(This form	must be u	sed to drop	both FMU and Acadeur	n courses)
COURSE PREFIX AND NUMBER	COURSE SECTIO AND TYPE (LEC./WEB/LAB)		COURSE TITLE	CREDIT HOURS	DAYS	CLASS START	CLASS END	INSTRUCTOR	ROOM
EXAMPLE									
MAT110	1400 LEC		Intermediate Algebra	3	MWF	8:00	8:50	John Doe	SAB101
									ļ
			A	ADD (	Do <u>not</u> use	this form t	o register fo	or Acadeum courses)	
COURSE PREFIX AND NUMBER	COURSE SECTIO AND TYPE (LEC./WEB/LAB)		COURSE TITLE	CREDIT HOURS	DAYS	CLASS START	CLASS END	INSTRUCTOR	ROOM
		se without	adding another, I understa	ınd I am	in jeopara	ly of losin <sub>į</sub>	g any FRA	G tuition assistance gi	rant
Total No.	of Credits bef	ore change	es*						_
	No. (	Credits add	ed		Student's S	ignature		Date	
	No. Cre	dits dropp	ed						_
	Total Credi	ts remainii	ng		Advisor's S	ignature <i>(FC</i>	OR FRESHMEN	ONLY) Date	

Office of the Registrar

Date