

Date: _____

Effective Term: _____

Hollins University Add/Drop Form

Last Name: _____ First Name: _____ M I: _____ Class Year: _____

Student ID: _____ HU Email: _____ Phone: _____

STUDENT SIGNATURE: _____ (signature required in order to make changes)

Student Type: UNDERGRADUATE / HORIZON / VISITOR / SPECIAL/HS / GRADUATE

A D D	CRN	SUBJECT	NUMBER	SECTION	CR HRS	***SIGNATURE OF FACULTY (see below)***

NOTES:

- Signature of faculty required to add a closed course, waive a prerequisite, or for other course overrides.
- *To enroll in more than 18 credits** students must secure the signature of their advisor before requesting approval from the dean of academic services.

_____ Printed Name of Advisor

_____ *Advisor's Signature

***Advisor:** By signing above you approve this student to take more than 18 credits for the term listed above. Please enter total number of credits for the term (19, 20, 21...etc): _____

D R O P	CRN	SUBJECT	NUMBER	SECTION	CR HRS	***SIGNATURE OF FACULTY (see below)***

NOTES:

- Student must remain at 14 credits in order to be considered full time.
- Signature of faculty not required to drop a class before the last day to drop.

For Academic Services Use: Total Credits: _____ Overall GPA: _____ 18+ Before? _____ Incompletes? _____

Dean's Signature: _____ Date: _____