

ADD/DROP Form

Name of Student (Last, First, Middle Initial)	Student ID#: A _____	Date:
Address:	City:	State: Zip:

SEMESTER/YEAR: **FALL**_____ **SPRING**_____ **SUMMER**_____

ADD						
CRN	SUBJECT	COURSE	SECTION	CREDITS	CAMPUS	FACULTY SIGNATURE

DROP						
CRN	SUBJECT	COURSE	SECTION	CREDITS	CAMPUS	FACULTY SIGNATURE

ANSWER ALL QUESTIONS BELOW:

- Before this change, how many tuition credits were your carrying? _____
- Is this a complete withdrawal from SUNY Orange this semester? Yes_____ or No _____
- To the best of my knowledge, the above information is correct and I understand that a reduction in my semester’s credits may result in a reduction or loss of financial aid this semester and subsequent semesters.**
- I understand the College has a Refund Policy and my ADD/DROP may generate an adjustment to my account.

STUDENT’S SIGNATURE	DATE
ADVISOR’S NAME (PRINT CLEARLY)	ADVISOR’S SIGNATURE
ACADEMIC AFFAIRS/REGISTRAR SIGNATURE	DATE

****FOR STUDENT SERVICES CENTRAL USE ONLY****

PROCESS DATE
INITIALS