

Add-Drop-Withdrawal Form

Bethel University

Check one: _____ Fall _____ Interim _____ Spring _____ Summer Year _____

ID #: _____ Campus PO Box: _____

Please Print Your Name:

First

Middle

Last

I accept the responsibility for all charges and reasonable collection costs incurred as a result of my attendance at Bethel University during the term indicated on this form.

Student Signature: _____ Date: _____

ADD:

Override

Enrollment
PreReq Waiver
Major Restrict
Class Restrict
Co-Req Waiver

CRN	Course #	Sec #	Course Title	<i>Enrollment</i>	<i>PreReq Waiver</i>	<i>Major Restrict</i>	<i>Class Restrict</i>	<i>Co-Req Waiver</i>	Audit	Instructor Sig

DROP/WITHDRAWAL:

CRN	Course #	Sec #	Course Title

*Please Note: Reducing your schedule could have both **Financial Aid and Business Office implications**. Ask questions in those offices.*

*Please Note: A **'W'** will appear on your transcript if you decide to drop a class after the Add/Drop date has passed.*

For Official Use Only

Processed by: _____ Date: ____/____/____