



HOBART AND WILLIAM SMITH COLLEGES

REGISTRATION/DROP/ADD FORM

The purpose of this form is to allow students to register/drop/add courses.
 In some instances the student will need to obtain approval in order to enroll.
 If dropping all courses due to a withdrawal or leave of absence, please contact the Dean's office

Last Name _____ First _____ Student's Signature _____
 ID# _____ Semester: Fall Spring 20_____ Year Level: First-Year Sophomore Junior Senior

Course Information							Instructor Signature (as many as apply)		
A D D	D R O P	4 DIGIT CLASS #	DEPT	COURSE #	SECT	LAB # If applies	PRE-REQ NOT MET or CONSENT REQUIRED	OVERLOAD APPROVAL FOR CLOSED COURSE	OTHER (indicate Reason) EX. Time Conflict Mismatched Lab Approving Add/Drop

The following signatures (and reason) are REQUIRED ONLY IF BEYOND THE DROP/ADD PERIOD

REASON FOR LATE **ADD**: _____

REASON FOR LATE **DROP**: _____

Advisor _____ Date: _____ Dean _____ Date: _____