

Mount St. Joseph University ADD/DROP FORM

Please refer to the Semester Policies and Procedures for full Add/Drop information.

Print Name: _____ ID#: _____
 (Last) (First)
 Student Signature: _____ Date: _____
 Semester/Year: _____ Advisor's Name: _____ Major: _____

ADD THE FOLLOWING COURSES:

The student is responsible for submitting this form to the Registrar's Office in the Conlan Center or emailing the form to Registrar@msj.edu

**Instructor signature required after the course begins. 16 week courses cannot be added after the 9th calendar day of the semester.

Subject	Course #	Section	Course Title	Hrs	P/F or Audit?	Instructor Signature (OR Department Chair)	Advisor Signature

DROP THE FOLLOWING COURSES:

The student is responsible for submitting this form to the Registrar's Office in the Conlan Center or emailing the form to Registrar@msj.edu

**Dropping courses may impact your financial aid, student bill, athletic eligibility, and your progress towards graduation. The final responsibility for meeting program degree requirements and being informed of University regulations and procedures rests with the student.

Subject	Course #	Section	Course Title	Hrs	Advisor Signature

Internal Use Only: Processed by: _____ Date: _____ Effective date: _____
 If required: Office of Provost Signature: _____ Date: _____

***The add/drop request is not effective until submitted to the Registrar's Office**