Ave Maria University
Office of Academic Records
103 Student Enrollment Center
Ave Maria, FL 34142
(239) 280-2565

ADD/DROP FORM

Student Name: _____

Term/Year: _____ Contact Telephone Number: _____

DROP:

Code	Section	Course Name	Instructor	Day/Time	# of Credits	Audit "X"

ADD:

Code	Section	Course Name	Instructor	Day/Time	# of Credits	Audit "X"

_____
1. Student Signature Date

_____
2. Advisor Signature Date

_____
3. Faculty Signature Date
(REQUIRED IF REQUESTING OVERRIDE)

For Office Use Only

Entered by: _____

Entered date: _____

PLEASE RETURN THIS FORM TO THE OFFICE OF ACADEMIC RECORDS.