



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"
Example: ECON 201	01	Macroeconomics	Dr. G Martinez	MWF 1:15- 2:20	4	

 1. Student Signature Date

 2. Advisor Signature Date

 3. Faculty Signature Date
(REQUIRED IF REQUESTING OVERRIDE OF COURSE MAXIMUM CAPACITY)

 4. Dr. Davy, Asst. Dean of Faculty Date
(REQUIRED IF REQUESTING OVERLOAD OF 18 CREDITS OR MORE)

For Office Use Only

Entered by: _____

Entered date: _____

**PLEASE RETURN THIS FORM TO THE OFFICE OF ACADEMIC RECORDS AFTER
 ALL OF THE ABOVE HAVE SIGNED**