Mount Aloysius College

ADD / DROP / WITHDRAWAL FORM

Date: _____ **Last Name:** _____ **First Name:** _____

Student ID: _____ **Term:** _____ **Major:** _____ **Phone:** _____

Comments / Reasons for Add/Drop/Withdrawal: _____

Add	Drop	Withdrawal	*COURSE NUMBER*	*CR*	*Last Date of Attendance*	*INSTRUCTOR'S SIGNATURE*	*DATE*

Degree:	
Associate Degree	
Baccalaureate Degree	
Masters Degree	
Visiting Student from Another College	
Certificate	
Non-matriculated Student	

Student's Signature:		***Date:***	
Advisor's Signature:		***Date:***	
Registrar's Office Use Only: **Processed By:**		***Date:***	

I hereby acknowledge and accept full financial responsibility for any changes made to tuition and fees.

Before adding/dropping/withdrawal from a course, consult with a Financial Aid Officer to determine how it will affect your financial aid.

Rev. 10/5/2020