FranklinPierce UNIVERSITY

Return form to Enrollment Management via email to *fpuonline@franklinpierce.edu* or fax (603) 621-9255.

Add/Drop Policy - students may add or drop a course without financial or grade consequences during the add/drop period.

Student Name: _____ Student ID Number: _____ Date: _____

Center: _____Roundrock, TX _____ Goodyear, AZ _____ Lebanon _____ Manchester _____ Online

Undergraduate Term: ____T1 ____T2 ____WT ____T3 ____T4 ____ST1 ____ST2 Registration Year: _____

Graduate Term: ____GT1 ____GT2 ____GT3 ____GT4 ____PFFA ____PFSP Registration Year: _____

When this form is processed, I will be registered for ____ credits for the term. My intention is to be:

Part Time (one course- 1-5 credits)____ Full Time (two courses- 6-8 credits)____ Overloaded (three courses- 9+ credits)____

- Undergraduates registering for 3 courses must have a GPA of at least 3.25. Graduate Students need approval of the Academic Director. Students are encouraged to check with Student Financial Services prior to registration for the overload.

- The Master in Physician Assistant Studies and the Doctor of Physical Therapy programs require variable course loads and do not need additional approval.

I am currently an NCAA athlete _____No _____Yes (Note: any drops may affect full-time status for NCAA eligibility).

LIST BELOW ALL COURSES YOU WISH TO ADD									
To register for a course that is already at capacity, one for which you do not have the pre-req, or you are adding after the published add/drop end date, the instructor signature is required.									
COURSE CODE	SECTION NUMBER	COURSE TITLE	INSTRUCTOR	MARK IF APPLICABLE		INSTRUCTOR INITIAL FOR APPROVAL			
				REPEAT	AUDIT	Permission Required	Capacity Overload	Prereq Waiver	

LIST BELOW ALL COURSES YOU WISH TO DROP						
COURSE CODE	SECTION NUMBER	COURSE TITLE	INSTRUCTOR	DAYS & TIMES	CREDITS	LAST DAYS OF ATTENDANCE

Note: It is the student's responsibility to consult the current University Catalog for full policies regarding registration changes.

My signature below indicates that I have read, understand, and accept the Student Financial Responsibility information provided to me at *franklinpierce.edu/financialresponsibility*.

_____
Academic Director Signature (New students only)

_____
Student Signature

_____
Academic Director Signature (Graduate students)

Processed by: _____ Date: _____