

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: _____ Goodyear, A.Z. _____ 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: _____