



Office of the Registrar
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OFFICE USE ONLY
Date Recorded: _____
Recorder Initials: _____

ADD/DROP COURSE

Student Name: _____
Student ID: _____ Academic Year: _____
Email Address: _____
Check Academic Level: <input type="checkbox"/> Undergraduate <input type="checkbox"/> Graduate
Semester: <input type="checkbox"/> Fall Semester (15 wk) <input type="checkbox"/> Fall Session I (7 wk) <input type="checkbox"/> Fall Session II (7 wk)
<input type="checkbox"/> Spring Semester (15 wk) <input type="checkbox"/> Spring Session I (7 wk) <input type="checkbox"/> Spring Session II (7 wk)
<input type="checkbox"/> Summer Semester (15 wk) <input type="checkbox"/> Summer Semester (10 wk)
<input type="checkbox"/> Summer Session I (7 wk) <input type="checkbox"/> Summer Session II (7 wk)

A D D	SEMESTER <small>(ex. Fall 2019)</small>	COURSE CODE <small>(ex. ART 101)</small>	SECTION <small>(ex. 01)</small>	COURSE TITLE <small>(ex. Art in Society)</small>	CREDITS <small>(ex. 3)</small>	A D D

D R O P	SEMESTER <small>(ex. Fall 2019)</small>	COURSE CODE <small>(ex. ART 101)</small>	SECTION <small>(ex. 01)</small>	COURSE TITLE <small>(ex. Art in Society)</small>	CREDITS <small>(ex. 3)</small>	D R O P

REVISED TOTAL CREDITS:

NOTICE

I accept responsibility for ensuring that all courses registered this semester are appropriate to my degree program and class standing, or are being taken for my personal enrichment. I am responsible for the accuracy of all information on this form. I agree to notify the Office of the Registrar promptly in writing of any withdrawal or other change that affects my enrollment status in any class this semester. I understand that delinquent student account balances are subject to collection, and I am liable for any costs incurred in the process of such collection.

Student Signature: _____ **Date:** _____