Bryan COLLEGE OF HEALTH SCIENCES

1535 S 52 Street, Lincoln, NE 68506

Request to Drop/Add a Course

use this form for any change after your initial registration to add, drop, or switch sections

Please print clearly and fill out all information on the registration form

Name:_____
(first) (middle) (last)

Student ID Number:_____ **Date Initiated:** _____

Note: Dropping or adding courses will not be official until processed by the Records and Registration's Office. Dropping classes may affect your financial aid and loan eligibility. Please be sure to talk to Financial Aid or Student Accounts. You are encouraged to talk to your advisor regarding changes in your schedule, however, final responsibility for fulfillment of requirements lies with you. By signing this form you indicate you understand this information.

School Year: _____

☐Fall ☐Spring ☐Summer

Program of Study:_____

Drop	Add	Course Number								Sect	Course Title	Days	Start Time	End Time	Credit Hours

Acknowledgment:
I am aware of implications to my degree progress, billing status, and financial aid eligibility.

Student Signature:_____ *Date:*_____

Advisor Signature:_____ *Date*:_____

Records and Registration Office Use Only

Received: _____

Processed: _____

Student Info Verified: _____

Updated: October 3, 2022