Instructions: This form is to be used by undergraduate or graduate students who wish to add, to drop, or to withdraw from a course. Students registered for less than full-time may have financial aid reduced. Tuition refund information can be found in the Criswell Catalog. Please print and return completed form with all signatures to the Registrar’s office.

Fee: $40.00 per class added, dropped, or withdrawn.

Please Print Clearly

Full Name: ___________________________________ Student ID Number: ___________________________________

Program Director: ___________________________ Semester: ____________________________

<table>
<thead>
<tr>
<th>Add/Drop/Withdraw Course ID</th>
<th>Section</th>
<th>Online</th>
<th>Course Title</th>
<th>Professor’s Signature</th>
<th>Date Signed</th>
<th>Last Date of Attendance</th>
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</thead>
<tbody>
<tr>
<td>Ex. Drop</td>
<td>Ex. THS101</td>
<td>Ex. L1</td>
<td>Ex. or Not?</td>
<td>Ex. Biology 1</td>
<td>Ex. Professor’s Signature</td>
<td>Ex. 10/10/2010</td>
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</tbody>
</table>

Reason(s) for drop: ____________________________________________________________

Required Signatures (must be signed in the following order):

Student: ____________________________ Signature: ____________________________ Date: ____________________________

Financial Aid Office: ____________________________ Signature: ____________________________ Date: ____________________________

Student Accounts Office: ____________________________ Signature: ____________________________ Date: ____________________________

Director of Student Services: ____________________________ Signature: ____________________________ Date: ____________________________

Registrar: ____________________________ Signature: ____________________________ Date: ____________________________

OFFICE USE ONLY

Business Office: ____________ Tuition Charges ____________ Tuition Credit ____________ Fees ____________

Registrar’s Office: LDA Posted in SONIS: ____________ Prof Notified: ____________ Reg Updated in SONIS: ____________ CSM Notified: ____________

Copy to Financial Aid ____________ Copy sent to VACO with revised Billing Statement for recertification: ____________ New Term Hours: ____________