

www.xavier.edu/registrar

DROP/ADD FORM

Office of the Registrar, 3800 Victory Parkway, Cincinnati, OH 45207-3131 Phone 513 745-3941 FAX 513 745-2969

Student I.D. Number Last Name (prin				t clearly)	y) First Mido						
TERM:					YEAR:	DIVISION:					
(check one)	Fall	Spr	ing	Summer		(check one)	Unde	rgraduate	Graduate	CAPS	
NOTE: Failure to attend class is not sufficient notice to the University of withdrawal in order to qualify for a refund, and may result in a punitive grade											
of "VF" (fail			aw).			t your Financial Aid/Scho Contact Office of the Burs					
Required:	Subject	Course	Section	Enter "AU"	Cla	iss Title or	Credit			Office	
CRN	Area	Number	Number	to Audit	Rea	Reason for drop		Days	Time	Use Only	
ADD:											
										-	
Student's Signature						Current Phone Number Date					
						Dean/Office Use Only - Amount of Refund					
Instructor's Signature (EDME, MATH, MILS, PHYS withdraw) Date					Date 100	100% 80 60 40 20 No Refund Not Applicable					
Advisor's Signature (undergraduate students only) Da					Date Offi	Office of the Registrar Authorization:					
Signature of Student's Dean (when required)					Date	White-Registrar, Yellow-Bursar, Pink-Student, Gold-Advisor Rev. 8/27/10					