



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

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Student ID Number _____ Last Name (Please print clearly) _____ First _____ Middle _____

Term: Fall Spring Summer Year: _____ Level: Undergraduate Graduate
(Check one) (Check one)

NOTE: Failure to attend class is not sufficient notice to the University of a withdrawal. It will not qualify for a refund and may result in a punitive grade of 'VF'.
*****Dropping a class may impact your Financial Aid/Scholarship status. Please check with the Office of Financial Services, 513-745-3142, Schott Hall.*****

Action: (check one)	CRN: (Required)	Course Subject	Course Number	Section Number	Enter 'AU' To Audit	Credit Hours	Office Use Only
<input type="checkbox"/> Add <input type="checkbox"/> Drop/Withdrawal							
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<input type="checkbox"/> Add <input type="checkbox"/> Drop/Withdrawal							

Student's Signature

Instructor's Signature (as needed) Date _____

Advisor's Signature (Recommended for Undergraduates) Date _____

Signature of Student's Dean (Required after deadlines) Date _____

Current Phone Number

Date

Dean/Office Use Only—Amount of Refund						
100%	80	60	40	20	No Refund	Not Applicable
Office of the Registrar Authorization:						