



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: (Check one) Fall Spring Summer	Year: _____	Level: (Check one) <input type="checkbox"/> Undergraduate <input type="checkbox"/> Graduate	<input type="checkbox"/> Graduate

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. ***

Student's Signature

Current Phone Number

Date

Instructor's Signature (as needed)

Date _____

Advisor's Signature (Recommended)

Dean/Office Use Only—Amount of Refund

Advisor's Signature (Recommended for Undergraduates)

Date

Signature of Student's Asst. Dean (Required after deadlines)

Date

Dean/Office Use Only—Amount of Refund

100% 80 60 40 20 No Refund Not Applicable

Office of the Registrar Authorization:

(Rev. 8/8/2017)