

# THOMAS UNIVERSITY

## DROP/ADD NOTICE

DATE: \_\_\_\_\_

SS #: \_\_\_\_\_ SEMESTER: \_\_\_\_\_

NAME: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

**COURSES DROPPED:**

HOURS CREDIT	COURSE NAME AND NUMBER	TIME	DAYS	LOCATION	INSTRUCTOR	TUITION REFUND	INSTRUCTOR'S APPROVAL	OTHER

**COURSES ADDED:**

HOURS CREDIT	COURSE NAME AND NUMBER	TIME	DAYS	LOCATION	INSTRUCTOR	TUITION ADDED	INSTRUCTOR'S APPROVAL	OTHER

ADVISOR: \_\_\_\_\_

REGISTRAR: \_\_\_\_\_

FINANCIAL AID: \_\_\_\_\_

BUSINESS SERVICES: \_\_\_\_\_

COMMENTS: \_\_\_\_\_  
 \_\_\_\_\_

TOTAL: \_\_\_\_\_

BALANCE ON ACCOUNT: \_\_\_\_\_

CREDIT ON ACCOUNT: \_\_\_\_\_

STUDENT SIGNATURE: \_\_\_\_\_