

Late Drop/Add Form			
Semester: Fall Spring Summer 1	Summer 2	Year:	
Student's Full Name			
Last	First	Middle	
BannerIDStudent Email		@appstate.edu	
Student's Cell Phone			
This petition is to: ADD Use this form to add cou	rses after day 5 of the fall/spring sem	nester (day 2 of summer term or half seme	ster courses)
DROP Only use this form for act Use this form ONLY after		4-Digit Course Number y 2 of summer term or half semester cour	Section Number
Extenuating reason for drop or add: CRN Numbe	cr Course Department	4-Digit Course Number	Section Number
Signatures must be obtained in the order listed:			
Student	Date		
2Instructor If adding a student to your course, has the stude	Date	If not, what is the first date	of attendance?
3			
Department Chairperson	Date		
4COB Undergraduate Advising Center	 Date		