

Add/Drop a Class

Term: _____
 Student Name: _____
 UB ID: _____
 Phone: _____

Date: _____
 Email: _____
 Major: _____

Add:

Class No.	Dept.Crs.Sect.	Course Name	Credits	Adviser Signature
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Dean Signature required for class overload
 Waive Pre-req.
 Overload Class
 Waive Pre-req.
 Overload Class
 Waive Pre-req.
 Overload Class
 Waive Pre-req.
 Overload Class

Drop:

Check to withdraw from all classes

Class No.	Dept.Crs.Sect.	Course Name	Credits	Dean Signature required after drop date
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

After drop date
 After drop date
 After drop date

Student Signature: _____ Adviser Signature: _____ Date Registered _____

Add/Drop a Class

Term: _____
 Student Name: _____
 UB ID: _____
 Phone: _____

Date: _____
 Email: _____
 Major: _____

Add:

Class No.	Dept.Crs.Sect.	Course Name	Credits	Adviser Signature
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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Drop:

Check to withdraw from all classes

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_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

After drop date
 After drop date
 After drop date

Student Signature: _____ Adviser Signature: _____ Date Registered _____