



# ADD/DROP/CHANGE FORM

Office of the Registrar  
 P.O. Box 749  
 Barrow, AK 99723  
 Phone: 907.852.1788 or 1763  
 Fax: 907.852.1784

PLEASE PRINT CAREFULLY – Complete all information requested below

Semester (Check one):  Spring  Summer  Fall Year 20\_\_\_\_\_

\_\_\_\_\_  
 Last Name First Name Middle SS# (new students only) or student ID

\_\_\_\_\_  
 Mailing Address City State Zip Code Date of Birth

\_\_\_\_\_  
 E-mail Address Home Phone Work Phone

## DROP OR WITHDRAW FROM A COURSE

- To drop/withdraw from a semester-long course, submit this form to the Registrar's Office before the last day of student-initiated withdrawals.
- To drop/withdraw from a short-term course, submit this form to the Registrar's Office before the course is 60% complete.

Dept	Course #	Sec #	Course Title	Time & Place	Credit	Instructor

### Reason for Drop/Withdrawal

- Course Content  Employment  Health  
 Instructor  Personal  Other

### Will this drop/withdrawal change affect your financial aid?

- Yes  
 No

*Note: Your financial aid may be affected if you complete the semester with fewer credits than are required by your aid program.*

## ADD A COURSE

- To add a semester-long course, submit this form to the Registrar's Office before the last day to add semester-long classes.
- To add a short-term course, submit this form to the Registrar's Office before first (1) Friday after the first day of instruction for the class.

Dept	Course #	Sec #	Course Title	Time & Place	Credit	Audit	Instructor

## CHANGE CREDIT/AUDIT

- You must be currently enrolled in the class for credit/audit to use this form to change to credit/audit.
- Credit to Audit – Submit this form to the Registrar's Office before the last day for faculty-initiated withdrawals.
- Audit to Credit – Submit this form to the Registrar's Office before the last day to add semester-long classes.

Dept	Course #	Sec #	Course Title	Time & Place	Instructor	
						<input type="checkbox"/> Credit to Audit
						<input type="checkbox"/> Audit to Credit
						<input type="checkbox"/> Credit to Audit
						<input type="checkbox"/> Audit to Credit
						<input type="checkbox"/> Credit to Audit
						<input type="checkbox"/> Audit to Credit

## BILL TO: (Please fill out this part if the billing is not going to you.)

Financial Aid  Employer-Funded  Grant-Funded  Other  \_\_\_\_\_

Contact Person: \_\_\_\_\_ Address or Phone #: \_\_\_\_\_

\_\_\_\_\_  
 Student Signature (Required) Date

\_\_\_\_\_  
 Business Office Signature Date

\_\_\_\_\_  
 Advisor Signature (Instructor) Date

\_\_\_\_\_  
 Registration Office Signature Date