

Add/Drop Form

Student Name _____

Student ID or Social Security Number _____

Degree Program _____

Date _____

ADD	Course Number	Title	Credits	Quarter
1.				
2.				
3.				
4.				

DROP	Course Number	Title	Credits	Quarter
1.				
2.				
3.				
4.				

Student Signature _____ Date _____

Adviser Signature _____ Date _____

If the changes above cause:

- ❶ you to owe Antioch money, contact the Student Accounts Office before submitting this form to the Registrar's Office.
- ❷ a change in the total number of credits or a change of money owed or refunded, complete the remainder of this form.

Address _____

Phone _____

Requesting change from _____ current number of credits to:
(check one)

- _____ Total Number of Credits
- Leave of Absence (LOA)
- Enrollment Maintenance Fee (EMF)
- Withdrawal from the Program

Tuition is refunded only according to the policies and schedule stated in the catalog.

- I request that my credit balance be held on my account.
- I request that my credit balance be refunded to me.
- I receive financial aid. (The Financial Aid Office will determine the disbursement of any credit balance.)

For Office Use Only

Registrar _____

Financial Aid _____

Fiscal _____

FAAL Dated _____

MBM # _____

VO # _____

Account Reconciliation:

SEOG _____

Perkins _____

U. Stafford _____

Pay _____

S. Stafford _____

Pay _____

You may submit this form in person, by mail or by fax.
Registrar's Office • 2326 Sixth Ave. • Seattle, WA 98121-1814 • fax: (206) 268-4242

