DROP/ADD REQUEST

Office of the Registrar
Reed College

Reed ID:_____Student Name:_____ Box # _____ Year in School: _____

Changes are effective the date the completed form is **returned** to the Office of the Registrar, **Eliot 311.**
Students must return the form (don't leave it for faculty to do) and keep the stamped copy of the processed form which is sent to them.

DROP

Reg. No.	Subj.	No./Sec.	Class Title	Units	Instructor(s) Signature:	Date
_____	____	____	_____	___	_____	
_____	____	____	_____	___	_____	
_____	____	____	_____	___	_____	

ADD

Reg. No.	Subj.	No./Sec.	Class Title	Units	Instructor(s) Signature:	Date
_____	____	____	_____	___	_____	
_____	____	____	_____	___	_____	
_____	____	____	_____	___	_____	

Total number of units enrolled in the semester after this change is complete: ____

_____ _____
Student Signature Date Adviser Signature Date

Underloads: If the total number of units registered is *fewer than 3.0 per semester,* you must fill out this section.

Signature indicating approval by Student Services: _____ Date: _____

Students receiving financial aid from any agency must obtain the following approval:

Signature indicating approval by Financial Aid: _____ Date: _____

NM 6/97

Processed by:_____

Date:_____

Overloads: If the number of units enrolled is *greater than 4.5 per semester*, a petition to the Administration Committee is required.