

ADD/DROP/WITHDRAWAL FORM

DATA ENTRY USE ONLY
Date Keyed ————
Ву

PO BOX 100548 | FLORENCE, SC 29502-0548

GENERAL INFORMATION PLEASE PRINT				
Name(LAST)	(FIRST)	(MI)	ID#	
Curriculum			Aid Veteran	
Semester Fall Spri	ng 🗌 Summer Acade	mic Year		
COURSE INFORMATION				
Prefix Number Section Hours	Last Date Attended (Month/Day/Year) Example: 01/30/00 Mark One Add Drop WD Audit	Instructor's Signa	ture Date Approved by Instructor	
REASON FOR WITHDRAWA Please indicate below the red Academic Difficulty Changing Major Computer Problems Course Not Required Course Overload	<u>-</u>	Personal Is Relocating Scheduling	amily Illness ssues J/Moving	
WITHDRAWAL CAUTION Many courses are not offered every semester. Before withdrawing from a required or prerequisite course, you should consult with your advisor to be sure the course is offered again prior to your planned graduation date.				
SIGNATURE				