RUTGERS
School of Public Health

Office of the Registrar
Rutgers, The State University of New Jersey
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ADD/DROP COURSE

Courses or extra credits may be added or dropped according to the published course schedule. Course dropped during the first two calendar weeks of classes will not appear on a student's transcript. Courses may not be added after the end of the second week (last day to add a course is published in the course schedule).

After the end of the Add/Drop period, courses may only be dropped - adding courses is not allowed. This "Drop Only" or "Withdrawal" period extends to mid-semester (the last day to drop is in the course schedule). There is no academic penalty for dropping a course during this time period. However, a grade of "W" (Official Withdrawal) will be noted on the official transcripts of students who drop courses during the "Withdrawal" period. A "W" grade means an approved withdrawal from a course.

Students who stop attending a course and do not process an Add/Drop form with the Office of the Registrar prior to or on the last day of the "Withdrawal" period are subject to a failing grade of the course. Students who stop attending a class after the last day of official withdrawal without unusual circumstances will receive a grade of "F" (Fail). In all cases of adding and/or dropping course, it is the student's responsibility to complete the proper forms in the allotted time.

Semester: ❑ **Fall** ❑ **Spring** ❑ **Summer** **Year** _____

1. **Name:** _____ **Student ID#:** _____
   Last Name *First Name* *Middle Initial*
2. **Rutgers Email Address:** _____
3. **Current Mailing Address:**

   _____
   Include Number, Street and Apt. Number *City* *State* *Zip Code*
4. **Phone Numbers:**

   _____
   Home Telephone Number (incl. area code) *Business Telephone Number (incl. area code)* *Mobile Telephone Number (incl. area code)*

Add/Drop	CRN #	Course No.	Section	Course Title	Credits	Location	Signatures Add (Faculty Advisory) / Drop (Course Instructor)
Drop	*12345*	*PHCO 0504*	*030*	*Intoduction to Biostatistics (example only)*	*3*	*New Brunswick*	

Total Credits Changed From: _____ **To:** _____

_____
Student Signature Date

_____
Financial Aid Office Signature *(only if you are receiving Financial Aid)* Date

(FOR OFFICE USE ONLY)

_____
Office of the Registrar Signature Date

RETURN TO OFFICE OF THE REGISTRAR

Copies to:
Office of the Registrar
Office of Student Affairs
Student