

Belmont University
Drop/Add Request Form
(for use only when online registration is closed)

Semester (*circle one*): Fall Spring Summer Year _____ Date of Request: _____

Name: _____ Belmont ID:

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Phone Number: _____ Email address: _____@pop.belmont.edu

REASON FOR THE REQUEST (MUST BE COMPLETED): Please attach additional page if needed.

Request to ADD Course(s): (Student must complete course information.)

1) CRN: _____ Course and section number: _____ Credit hours: _____

Instructor's signature: _____

2) CRN: _____ Course and section number: _____ Credit hours: _____

Instructor's signature: _____

3) CRN: _____ Course and section number: _____ Credit hours: _____

Instructor's signature: _____

4) CRN: _____ Course and section number: _____ Credit hours: _____

Instructor's signature: _____

Please note that students must pay *IN FULL* any account balance due or additional charges accrued as a result of registration adjustment.

Request to DROP or WITHDRAW from Course(s): (Student must complete course information)

1) CRN: _____ Course and section number: _____ Credit hours: _____

2) CRN: _____ Course and section number: _____ Credit hours: _____

3) CRN: _____ Course and section number: _____ Credit hours: _____

4) CRN: _____ Course and section number: _____ Credit hours: _____

A course will only be dropped during the published drop/add period. Tuition and fees are refunded for dropped courses.

A refund is *not* issued if a student withdraws from a course.

- For deadlines regarding schedule changes, please visit <http://www.belmont.edu/registrar/apolicies/registration-schedule-change.html>
- STUDENT-ATHLETES and VA STUDENTS must check with their certifying office for approval.
- The registration deadlines posted online apply to *all* course(s) regardless of when the course(s) began.

Financial aid awards may be affected by dropping or withdrawing from courses. I understand and acknowledge the above information regarding drop/add and withdrawal procedures.

Student's signature: _____ Date: _____

Registrar signature: _____ Date: _____