



ADD/DROP FORM

Term: _____ Year: _____
Spring, Summer or Fall

Picture ID required when submitting this form. If you intend to drop ALL courses this semester, DO NOT use this form. You must fill out the TERM WITHDRAWAL APPLICATION.

Full Name: _____ UIN: _____

Telephone: _____ Email: _____@eagle.fgcu.edu

Transient Student? (select one) Yes No

Student Athlete? (select one) Yes No - If yes, please specify sport: _____

Do you receive VA Benefits or Bright Futures? (select one) Yes No - If yes, please specify: _____

Please read the following policies and take the appropriate action and/or obtain the appropriate signature(s) below:

- Bright Futures recipients are required to repay any funds received from the Bright Futures program for each course dropped.
- Students with Federal Direct Loans, dropping below half-time status, must complete an exit interview at: <https://studentloans.gov>
- Graduation Candidates MUST obtain signature approval from the appropriate Academic Advisor.
- Student-Athletes MUST obtain signature approval from the appropriate Athletic Advisor.
- Veteran Beneficiaries MUST notify the certifying official of your change in schedule. Dropped courses may affect benefit level.
- AR (Accounts Receivable) Hold will prevent you from dropping any courses.
- International Students (F-1 or J-1 Status) MUST obtain signature approval from International Services to drop courses.

Course Information

ADD	DROP	CRN (5 digits)	Course Prefix & Number	Course Title	Reason for Dropping
<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/>	<input type="checkbox"/>				

If semester hours exceed 18 credit hours total, Overload Approval is required from your Advisor.

Total Max Hours Approved _____ Advisor Signature _____

As Appropriate or Required, see rules above.

Advisor/Faculty Signature _____

Dean/Associate Dean Signature _____

Athletic Advisor Signature _____

First Year Advisor Signature _____

International Services Signature _____

By signing this form, you have read and agreed to the policies and request(s) above:

Student Signature

Date

For Office Use Only

Processed by: _____

Processed on: _____