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: ___________ B ___________ ___________ ___________

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: ___________________________________________

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: _______

• 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: ________________