REGISTRATION ADD/DROP FORM

Please fax this completed form to 202-464-0165 or mail/hand-deliver it to:
Registrar’s Office (IWP, 1521 16th Street, NW, Washington, DC 20036).

Student Information

Name: ________________________________________________________  Semester: □ Fall □ Spring □ Summer 20____

Last  First  M.I.

Address: __________________________________________________________

City: ___________________ State: _______ Zip Code: __________

Email Address: ______________________________________________________

Telephone #: ______________________________

Today’s Date: ______________________________

COURSE(S) TO BE DROPPED

If you are dropping/withdrawing from all of your courses…STOP! This is the wrong form. You must complete the Complete Withdraw Form.

Please Note: Any courses that are dropped after the add/drop period for a given term will be considered withdrawals. Students will receive a grade of “W” on their official IWP record and are subject to the refund policy as outlined in the Withdrawal and Refund policy section of the Catalog. Dropping or withdrawing from classes may affect your financial aid, please contact the financial aid office before you drop or withdraw.

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<th>IWP Course #</th>
<th>Section</th>
<th>Title</th>
<th># of Credits (or Audit)</th>
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Total Credits: _______________________

COURSES TO BE ADDED

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Total Credits: _______________________

By signing this form, I acknowledge that dropping/withdrawing and/or adding courses may affect my billing for tuition charges, may affect any financial aid that I have been awarded.

Student Signature: ___________________________________________  Date: _________________

Name: ________________________________________________________

Semester: □ Fall □ Spring □ Summer 20____

Today’s Date: ______________________________

City: ___________________ State: _______ Zip Code: __________

Email Address: ______________________________________________________

Telephone #: ______________________________

Today’s Date: ______________________________

Internal Office Use

Date Received  ___________________  Date Processed  ___________________