


**RICHMONT**  
 GRADUATE UNIVERSITY.  
**ADD / DROP / WITHDRAW FORM**

Name: \_\_\_\_\_ Student ID #: \_\_\_\_\_  
 Date: \_\_\_\_\_ Semester: \_\_\_\_\_  
 Degree/Specialization: \_\_\_\_\_ Catalog Year: \_\_\_\_\_

*PLEASE NOTE THAT YOU WILL BE CHARGED A \$10 ADD/DROP/WITHDRAWAL FEE PER CLASS FOR ANY CHANGES MADE ON OR AFTER THE FIRST DAY OF SCHOOL.*

**ADD:**

Regular weekly courses, independent studies, and intensives may only be added to your schedule during the first week of classes.

Please fill in the spaces below with the information on the course that you would like to add to your schedule.

Course Number	Section	Course Title	Is this course required for my degree?	Specify if this course is an Intensive

**DROP/ WITHDRAW:**

If you are attempting to withdraw from the institution, this is not the appropriate form. Please obtain an Institutional Withdrawal form from the Records Office.

Regular weekly courses may only be dropped during the first week of classes. (100% refund)

Intensive courses may only be dropped up until the day before the course starts. (100% refund).

Students will receive refunds and be assigned withdrawal grades (W, WP, WF) in accordance with the dates published on the academic calendar.

Course Number	Section	Course Title	Is this course required for my degree?	Specify if this course is an Intensive

**AFTER ADDING AND/OR DROPPING CLASSES, PLEASE SPECIFY THE NUMBER OF REGISTERED CLASS HOURS (AUDITS DO NOT COUNT TOWARD CLASS HOURS): \_\_\_\_\_**

**ATTENTION:** if you are receiving Title IV loans and are now registered for less than 6 hours due to auditing, dropping, or withdrawing from a course, please be aware that this may affect your ability to receive financial aid. Please contact moose lutes [(404) 835-6122 or mlutes@richmont.edu] for more information.

The student is responsible to ensure that all requirements for degrees and specializations are met in accordance with the catalog. Please check your catalog to be certain of the ramifications of your decision before dropping/withdrawing from any course(s). Pay particular attention to pre-requisites and courses required to begin the clinical sequence. You are encouraged to make a copy of this completed form for your records.

The business office will be informed of any changes made to your class schedule.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

***Please turn in this form to the Records Office.***