



**Office of the Registrar**  
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<b>OFFICE USE ONLY</b>
Date Recorded: _____
Recorder Initials: _____

## ADD/DROP COURSE

**Student Name:** \_\_\_\_\_

**Student ID:** \_\_\_\_\_ **Academic Year:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Check Academic Level:**  Undergraduate     Graduate

**Semester:**  Fall Semester (15 wk)     Fall Session I (7 wk)     Fall Session II (7 wk)  
 Spring Semester (15 wk)     Spring Session I (7 wk)     Spring Session II (7 wk)  
 Summer Semester (15 wk)     Summer Session I (7 wk)     Summer Session II (7 wk)

A D D	SEMESTER (ex. Fall 2024)	COURSE CODE (ex. ART 101)	SECTION (ex. 01)	COURSE TITLE (ex. Art in Society)	CREDITS (ex. 3)	A D D

D R O P	SEMESTER (ex. Fall 2024)	COURSE CODE (ex. ART 101)	SECTION (ex. 01)	COURSE TITLE (ex. Art in Society)	CREDITS (ex. 3)	D R O P

**REVISED TOTAL CREDITS:**

### NOTICE

I accept responsibility for ensuring that all courses registered this semester are appropriate to my degree program and class standing, or are being taken for my personal enrichment. I am responsible for the accuracy of all information on this form. I agree to notify the Office of the Registrar promptly in writing of any withdrawal or other change that affects my enrollment status in any class this semester. I understand that delinquent student account balances are subject to collection, and I am liable for any costs incurred in the process of such collection.

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