



Office of the Registrar
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FACULTY/STAFF USE ONLY
 Faculty Advisor Initials: _____
 Data Entry Initials: _____
 Date Accepted: _____

DROP/ADD FORM

PLEASE PRINT CLEARLY.

Academic Year: _____ Semester: Fall Spring Summer I Summer II

Name: _____ Student ID: _____

Address: _____ Email Address: _____

Cell Phone #: _____

Check Class Standing: Freshman Sophomore Junior Senior
 Graduate Non-matriculated

D R O P	Course Code	Section	Course Title	Credits	Audit?	D R O P

A D D	Course Code	Section	Course Title	Credits	Audit?	A D D

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 Registrar's Office 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: _____

Business Office Use Only

Tuition: _____ Technology Fee: _____
 Lab/Studio Fee: _____ Other: _____
 Activities Fee: _____
 Total: _____

Payment Type: Check Cash
 Visa MasterCard

Cardholder Name: _____
 Card Number: _____