7900 W. Division - River Forest, IL 60305

708/524-6809 office

708/524-6943 fax

starsconnect@dom.edu

DROP/ADD/	WITHDRAW.	AL FORM	[_FallSp	oringSummer
Student ID Number	Last			Middle	
	ROPPED (WITHDRA				
Course Code & Section Key	Course Title	TWIN I ROW SC	Semester Hours	Instru	ctor's Name
COURSE(S) TO BE A Course Code & Section Key	DDED TO SCHEDULI Course Title	E:	Semester Hours	Instru	ctor's Name
& Section Key			nouis		
	Hours for Which Registe BTRACT: Semester Hou AD No		ithdrawn rs Added +		
Student's Signature	Da	te	Are you a member o	f an intercollegiat	e athletic team?
Advisor's Signature (Not required for graduate students in the School of Informatic Studies or Brennan School of Business)		te	Athletic Director's Signat	ure (Required only of	Cathletes) Date
Dean's Signature (Required of students in extenuation	Da ng circumstances)	te	Are you an Internation	onal Student (F orNo	J visa holder)?

Note: If you are receiving financial assistance and are not registered for at least 12 semester hours (undergraduate students), your financial assistance status may change. Check with the financial aid office if you have questions.