

Add/Drop a Class

Term: Student Name: UB ID: Phone:			Date: Email: Major:	
Add:				
Class No.	Dept.Crs.Sect.	Course Name	Credits	Adviser Signature Dean Signature required for class overload Waive Pre-req. Overload Class Vaive Pre-req. Overload Class Waive Pre-req. Overload Class Waive Pre-req. Overload Class
Drop:			☐ Chec	k to withdraw from all classes
Class No.	Dept.Crs.Sect.	Course Name	Credits	Dean Signature required after drop date
				☐ After drop date ☐ After drop date
				☐ After drop date
Student Signature:		Adviser Signature:		Date Registered
UNIVERSITY OF BALTIMO Office of Records an Registration Term: Student Name: UB ID: Phone:	DRE		Date: Email: Major:	Add/Drop a Class
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