

Term selection:

Term
 Semester
 Quarter
 Trimester

Add/Drop and Registration Form

Name: _____ Date: _____
 Last First Middle

Baylor ID: _____ Phone: _____
 (if requested)

Degree: _____ Major: _____ Classification: _____

ACTION		CRN	COURSE PREFIX	COURSE NUMBER	SECTION	HOURS
ADD	DROP					
<input type="radio"/>	<input type="radio"/>					
<input type="radio"/>	<input type="radio"/>					
<input type="radio"/>	<input type="radio"/>					
<input type="radio"/>	<input type="radio"/>					
<input type="radio"/>	<input type="radio"/>					
<input type="radio"/>	<input type="radio"/>					
<input type="radio"/>	<input type="radio"/>					
<input type="radio"/>	<input type="radio"/>					
<input type="radio"/>	<input type="radio"/>					

*Professional Advisor's signature is **required** within specific dates each semester during the 'W' drop period. For a complete list of dates please visit: www.baylor.edu/registrar/dropdates

Student's Signature (required): _____ Date: _____
 I have read and understood the 'before you drop a class' guidelines located at www.baylor.edu/university_advisement/b4udrop

Professional Advisor's Signature: _____ Date: _____
 (required during 'W' period only*)
 For Professional Advisors contact information please visit BearWeb bearweb.baylor.edu

For Dean's Office Use Only

If applicable, to waive the 'Add/Drop' fee, please check the box and sign below.

For Office of the Registrar Use Only

Petition on File:
 Overload Pass/Fail Level
 Permit Repeat C Misc.

Completed By: _____