ADD/DROP FORM



(To be completed only after Late Registration ends)

OFFICE OF THE REGISTRAR POST OFFICE BOX $8104 \Leftrightarrow 300$ COLLEGE STREET, NORTHEAST ORANGEBURG, SC $29117-0001 \Leftrightarrow (803)\ 536-7185 \Leftrightarrow$ FAX: $(803)\ 536-8602$

	Print or Type:	Name (Leaf Disc) No.	T \	0	1 37	
Campus Wide ID		Name (Last, First, M.I.)		Semester Year FALL SPRING SUMMER		
Telephone Number				E-mail Address		
Are you a VA Student? YES NO				Chapter 30 31 33 35 1606 REAP		
Add Coi	arses					
CRN	Department	Course Number	Section Number	Credit Hours	Instructor's Signature	Date
Orop Co	ourses					
CRN	Department	Course Number	Section Number	Credit Hours	Instructor's Signature	Date
tal Enrol	led Hours after the	above action is taken:				
udent's	Signature			D	ate	
reasure	er's Signature			D	ate	
	Signature			D	ate	
Chair's	oignature					

**A signature from your chairperson is required if the student exceeds 20 hours as well as a 3.00 GPA.
***If you exceed 21 hours you must have a 3.500 GPA, approval from your Chairperson and the Dean.

* and **This signature is required if the student exceeds 18 hours.

Office Use Only.

Updated: 07/11/2019

audit, etc.) will be required to pay per credit hour for all hours over 18 hours at the in-state/out-of-state rate.