DOMINICAN UNIVERSITY *of* CALIFORNIA

Add/ Drop Form

Important:
• CONSULT WITH YOUR ADVISOR: Failure to do so may delay your graduation.

Name: _____   Student ID: _____
         Last Name   First Name

Year: _____   Term: ☐ Fall   ☐ Spring   ☐ Summer   Advisor: _____

ADD/DROP	COURSE PREFIX	COURSE CODE	SECTION #	COURSE TITLE	# OF UNITS	INSTRUCTOR'S SIGNATURE (Only required when *ADDING* after the course has started)	DATE
☒ADD ☐DROP **Example**	**PSY**	**1100**	**2**	**Intro to Psychology**	**4**		
☐ADD ☐DROP							
☐ADD ☐DROP							
☐ADD ☐DROP							

Are you a Student Athlete?   ☐YES   ☐ NO
Are you on F1- Visa?   ☐YES   ☐ NO

Note:
• *If you receive financial aid and fall **below** 12 units after dropping, please contact Financial Aid Office.*
• *Tuition refunds are subject to the current Tuition Refund Policy.*

I hereby acknowledge that I am responsible for all tuition and fees resulting from adding or dropping classes.

Student's Signature: _____   Date: _____