

Judson University – Graduate Student Add/Drop Form

The Add/Drop effective date is the date this form is received in the Office of the Registrar

Students: Complete this form with your academic advisor & submit it to the Office of the Registrar. Incomplete forms will be returned to the student. Tuition & entitlements will be charged & grades will be recorded as stated in the policies of the current Judson University catalog. Please refer to the CAPS withdrawal calendar & the Judson University catalog online for additional information.

ID# _____ Cohort _____ Name (please print): _____

Email: _____ Daytime phone #: _____

<input type="checkbox"/> Add <input type="checkbox"/> Drop	For Office Use Only: <input type="checkbox"/> Financially Cleared By _____ Date _____ <input type="checkbox"/> DEFR	Program: <input type="checkbox"/> MLIT <input type="checkbox"/> MAOL <input type="checkbox"/> MBA <input type="checkbox"/> MLM <input type="checkbox"/> MARC <input type="checkbox"/> DLIT	TERM: <input type="checkbox"/> FAL <input type="checkbox"/> SPR <input type="checkbox"/> SUM Year: 20____ Course #: _____ Section: _____ Hrs: _____ Course Title: _____ Start Date: _____ End Date: _____ Last Date of Attendance (if dropping): _____	ORR Use Only Rec'd: _____ Ent'd: _____ By: _____ Eff Date: _____ Week: ____/____
_____ <i>Instructor's signature</i>			<input type="checkbox"/> W <input type="checkbox"/> WF <input type="checkbox"/> WP <input type="checkbox"/> AWF	

<input type="checkbox"/> Add <input type="checkbox"/> Drop	For Office Use Only: <input type="checkbox"/> Financially Cleared By _____ Date _____ <input type="checkbox"/> DEFR	Program: <input type="checkbox"/> MLIT <input type="checkbox"/> MAOL <input type="checkbox"/> MBA <input type="checkbox"/> MLM <input type="checkbox"/> MARC <input type="checkbox"/> DLIT	TERM: <input type="checkbox"/> FAL <input type="checkbox"/> SPR <input type="checkbox"/> SUM Year: 20____ Course #: _____ Section: _____ Hrs: _____ Course Title: _____ Start Date: _____ End Date: _____ Last Date of Attendance (if dropping): _____	ORR Use Only Rec'd: _____ Ent'd: _____ By: _____ Eff Date: _____ Week: ____/____
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_____ <i>Instructor's signature</i>			<input type="checkbox"/> W <input type="checkbox"/> WF <input type="checkbox"/> WP <input type="checkbox"/> AWF	

* Please contact Student Accounts Office at 847-628-2051, or 2055 to make arrangements for payment.

Cohort change: Old Cohort _____ New Cohort _____ (A change of cohort fee will be charged to your account.)
 I have read & understand the policies regarding registration & withdrawal. I am responsible for abiding by the withdrawal & payment policy of CAPS. I am responsible to check all academic records via my [MYJudson](#) page & will report any discrepancies to ORR.

Student's signature _____ Date _____

Advisor's signature _____ Date _____