Add/Drop Form
William E. Simon Graduate School of Business Administration
University of Rochester
Registrar’s Office, 305 Schlegel Hall, Box 270107
Rochester, NY 14627
Phone: (585) 275-3533 / Fax: (585) 271-3907

Directions:
- This form should be used ONLY if: it is after the Add/Drop period or you are requesting a class that needs professor permission. All other add/drops should be done by the student online.
- This form will be processed based upon the date it is received in the Registrar’s Office.
- Please return the completed form to the Registrar’s Office (305 Schlegel Hall) or fax to (585) 271-3907.

Quarter: Fall _____ Winter _____ Spring _____ Summer _____  Today’s Date: ________________

Student Name: _____________________________________________________________________________
Please print Last First Middle

Student’s signature: ______________________________________________________________________

UID#: ______________________________ Program: ___________________________

ADDS ONLY: Professor signature required if adding courses after the official add/drop period.

<table>
<thead>
<tr>
<th>Course Number</th>
<th>Credit Hours</th>
<th>Course Title</th>
<th>Professor Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Full-Time Students: If this transaction increases your credit load to over 12 hours, permission from Rebekah Lewin or Laura Gavigan is required.
Part-Time Students: If this transaction increases your credit load to over 6 lecture hours, permission from Rebekah Lewin or Laura Gavigan is required.
Overload approved by: ____________________________ Date: __________________

DROPS ONLY: Professor signature required if dropping courses after the official add/drop period.

<table>
<thead>
<tr>
<th>Course Number</th>
<th>Credit Hours</th>
<th>Course Title</th>
<th>Professor Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Full-Time Students: If this transaction decreases your credit load to less than 12 hours, permission from Rebekah Lewin or Laura Gavigan is required.
Decreased credit load approved by: ____________________________ Date: __________________

Remarks: State reason for adding or dropping courses if it is after the official Add/Drop Period.

Registrar’s Office Use Only:

Date received/by: __________
Date processed: __________

Revised 5/2010