

GRAND VALLEY STATE UNIVERSITY REGISTRATION and DROP-ADD FORM

 Last Name First Initial Local Street Address

 Student Number Date City State Zip

 Year Fall Winter Sp/Su Session Local Telephone Number

| ADD OR REGISTER | | | | DROP | | | |
|-----------------|--------|---------|--------|---------|--------|---------|--------|
| Subject | Number | Section | Credit | Subject | Number | Section | Credit |
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Undergraduate students in other than good standing need advisor approval to register.

Advisor Signature: _____

FOR OFFICE USE ONLY - Date Received by Records: _____ Refund Period (circle one): 100% 75% 0%