



Registration and Drop/Add Form

Name: _____ Date: _____
 Student G#: _____ Phone #: _____
 Current Address: _____
 Session: Fall __ Winter __ Spr/Sum __ Year: _____

ADD OR REGISTER				DROP			
CRN	Subject & Course #	Section #	# of Credits	CRN	Subject & Course #	Section #	# of Credits

Note: Students in other than good standing need advisor approval to register.

Advisor Name (please print): _____
 Advisor Signature: _____ Date: _____

To be completed in case of Time Conflict only:

Conflicting Courses	Instructor Name (please print)	Instructor Signature	Date

To be completed if adding a class late (see college for specific requirements):

Approval	Signature	Date
Instructor (signature)		
Name (please print)		
Department Chair/Unit Head		
Dean		

-----FOR OFFICE USE ONLY-----

Date Received by the Registrar's Office: _____ Refund Period: 100% __ 75% __ 0% __

Completed forms may be returned in person to the Registrar's Office in Allendale (150 Student Services) or the Grand Rapids Pew Campus (115C DeVos), or by mail to the Registrar's Office, 150 Student Services, Allendale, MI 49401.