



CARSON-NEWMAN

A CHRISTIAN UNIVERSITY

NAME: _____ ID NUMBER: _____

E-MAIL: _____@cn.edu Birthdate ____/____/____ CELL #: (____) ____ - _____

STUDENT STATUS: __ Freshman __ Sophomore __ Junior __ Senior
 __ Dual Enrolled __ ELI __ Graduate __ Post Baccalaureate

Semester: ____ Fall ____ Spring ____ Summer Year: _____

DROP

ADD

SUBJECT	COURSE	SECT	HRS	INSTRUCTOR SIGNATURE

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Please initial the below statements if applicable:

_____ I understand that I will be additionally charged for anything over 17 hours.

_____ I acknowledge that dropping below 12 hours may affect my financial aid/loan/scholarship eligibility.

COMMENTS _____

Student: _____ Date: _____

Advisor: _____ Date: _____

Registrar: _____ Date: _____