UPSTATE
MEDICAL UNIVERSITY

OFFICE OF THE REGISTRAR
155 Elizabeth Blackwell Street
Syracuse, New York 13210
Phone: 315-464-4604
Fax: 315-464-8822
email: *registrar@upstate.edu*

Add/Drop Form

☐ *Graduate Studies* ☐ *Nursing* ☐ *Health Professions* ☐ *Medicine - MPH program only*

NAME: _____ Student ID #: _____

Matriculated? ☐ Yes ☐ No If Yes, Program _____ Class Year _____

Status: ☐ Undergraduate ☐ Graduate

Semester/Year
☐ Fall
☐ Spring
☐ Summer
Year 20~~20~~

INSTRUCTIONS:
1. List courses to be added and/or dropped in appropriate spaces below.
2. Check box for Adding or Dropping course
3. Obtain appropriate signatures.
4. Pay tuition and fees at Bursar's Office (as required. **NOTE:** Add/Drop will not be processed if required late fee is not paid.)
5. Return completed form to the Registrar's Office

	CRN	Subject	Course Number	Section Number	Title	Credits	Instructor's Signature
☐ Add ☐ Drop							
☐ Add ☐ Drop							
☐ Add ☐ Drop							
☐ Add ☐ Drop							
☐ Add ☐ Drop							
☐ Add ☐ Drop							

Student Signature _____ Date _____ Advisor Signature *(Matriculated Students Only)* _____ Date _____

College of Graduate Studies required additional approvals:

Department Chair Signature _____ Date _____ Dean's Signature _____ Date _____

College of Nursing required additional approvals for drops only:

Department Chair Signature _____ Date _____