

This form is for drop/add transactions that cannot be processed via Albert for exceptional reasons.

This form is *not intended for requesting "term withdrawals"* (withdrawing from all courses within a term) or a leave of absence.

Advisor and/or department signatures are required; forms will not be accepted without required/authorized signatures.

Deliver completed form to 25 West 4th Street. Questions can be directed to <u>Academic Records</u>.

STUDENT INFORMATION										
LAST/FAMILY NA	ME	FIRST NAME			MIDDLE	MIDDLE SCHO			IOOL OF NYU ATTENDING	
Fall Spring						Graduate	No	n-degree		
N		January Summer				Undergraduate Professional				
CAMPUSID	ID TERM YEAR		YEAR	- Gildergraduate Froncosional						
COURSES DROPPED					COURSES ADDED					
Subject Area	Catalog #	Section #	Class #	Units	Subject Area	ı	Section #	Class #	Units	
Ex: HIST-UA	Ex:1234	Ex: 001	Ex: 5450	Ex: 4	Ex: HIST-UA	Ex:1234	Ex: 001	Ex: 5450	Ex: 4	
			,	-					1	
	 	 								
	 									
				ļ						
Term Units BEFORE change: Term Units AFTER change:										
Notice of Responsibility: I hereby accept financial responsibility for all charges (including collection of fees) associated with the above schedule adjustments according to the University refund/liability schedule. I acknowledge that it is my responsibility to familiarize myself with University policy and procedure regarding registration, drop/withdrawal, and refunds. I further understand that dropping/withdrawing below full time status may jeopardize my financial aid eligibility and/or immigration status (for students on F1 or J1 Visas).										
STUDENT SIGNA	ATURE X				DATE					
STUDENT SIGNATURE A DATE										
REQUIRED: ADVISOR/DEPARTMENTAL APPROVAL										
ADVISOR/DEPARTMENTAL SIGNATURE X DATE DATE										
			ADM	INISTRA	TIVE USE ON	ILY				
Special Processi	ng	Authorized Signatur			ire	Print Name		Date		
Special Processi	ng	Authorized Signature			re	Print Name		Date		
			REGIST	RAR'S	OFFICE USE O	NLY				
		Date proces	ssed:							
Processed by:										