

**URSINUS COLLEGE THE CENTER FOR CONTINUOUS LEARNING
DROP/ADD FORM**

Term: _____

Name: _____
 First **Last** **ID#** **Date**

Drop:	Course No.	Course Title	Instructor	Evening
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____

Add:	Course No.	Course Title	Instructor	Evening
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____

Reasons: _____

Are you currently receiving financial aid? yes____ no ____

Student Signature: _____

Fax completed form to 610-409-3731

Center Office Use Only

Refund? yes ____ no ____

Amount to be refunded: _____

Counselor's Initials: _____

Date: _____