ANDREWS ACADEMY
Drop/Add Form

Name _____   ID#_____   Term W ˄í ˄î   Year _____

INSTRUCTIONS–PLEASE READ

- x Please print clearly in pen. Completed forms must be returned to the Office of the Registrar.
- x Check signatures required
- x INDEPENDENT STUDY MUST include a signed letter/note from the teacher overseeing the class stating the topic of study, number of credits being offered, and deadline for completion. (Academic Affairs will have the final approval/denial)
- x OVERLOAD/PART TIME (See Box below)
- x This form should NOT be used for students withdrawing from all courses. Use the Individual Withdrawal -Check Out Procedure Sheet

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A PARENT MUST MEET WITH THE STUDENT ACCOUNTS MANAGER AND SIGNATURES ARE NEEDED FOR THE FOLLOWING

- x If adding a class will result in an overload (above 6.3 credits for the school year not counting music)
- x If adding a class will result in Full time status (3.0 credit or above for the school year)
- x If dropping a class will no longer result in an overload
- x If dropping a class will result in less than full-time status (below 3.0 credits for the year)

DROP

Course Name	Credits	Teacher	Teacher's Signature/Date

ADD

Course Name	Credits	Teacher	Teacher's Signature/Date

Student Signature:_____   Date:_____   Parent Signature:_____   Date:_____