



# REGISTRATION ADD/DROP FORM

<b>Dean's Offices:</b>	
ARTS & SCIENCES: HR 240	
EDUCATION: ED 107	
MANAGEMENT: MH 113	
NURSING: CO 102	

**NAME:** \_\_\_\_\_  
LAST, FIRST USF ID # YEAR/TERM

**SCHOOL/COLLEGE:** (PLEASE CIRCLE YOUR SCHOOL/COLLEGE)  
 ARTS & SCIENCES      EDUCATION  
 MANAGEMENT      NURSING AND HEALTH PROFESSIONS  
 \_\_\_\_\_  
MAJOR DEGREE

**CHECK HERE IF NEW ADDRESS** \_\_\_\_\_  
STREET CITY STATE ZIP PHONE

**SECTION I: REGISTER OR ADD**

	#	DEPT.	COURSE#	SECT#	CRN #	COURSE TITLE	CREDITS	GRADE OPTION	INSTRUCTOR/DEPT. CHAIR SIGNATURE
	1	M U S	1 0 1	0 1	1 2 3 4 5	EXAMPLE COURSE			<input type="checkbox"/> WAIVE PREREQ <input type="checkbox"/> CLOSED CLASS
REGISTER/ADD	1								<input type="checkbox"/> WAIVE PREREQ <input type="checkbox"/> CLOSED CLASS
	2								<input type="checkbox"/> WAIVE PREREQ <input type="checkbox"/> CLOSED CLASS
	3								<input type="checkbox"/> WAIVE PREREQ <input type="checkbox"/> CLOSED CLASS
	4								<input type="checkbox"/> WAIVE PREREQ <input type="checkbox"/> CLOSED CLASS
	5								<input type="checkbox"/> WAIVE PREREQ <input type="checkbox"/> CLOSED CLASS
ALTERNATE	1								<input type="checkbox"/> WAIVE PREREQ <input type="checkbox"/> CLOSED CLASS
	2								<input type="checkbox"/> WAIVE PREREQ <input type="checkbox"/> CLOSED CLASS

**SECTION II: DROP ONLY**

	#	DEPT.	COURSE#	SECT#	CRN #	COURSE TITLE	CREDITS	GRADE OPTION	AFTER CENSUS DATE INSTRUCTOR SIGNATURE
DROP	1								<input type="checkbox"/> INSTRUCTOR SIGNATURE
	2								<input type="checkbox"/> INSTRUCTOR SIGNATURE
	3								<input type="checkbox"/> INSTRUCTOR SIGNATURE
	4								<input type="checkbox"/> INSTRUCTOR SIGNATURE
	5								<input type="checkbox"/> INSTRUCTOR SIGNATURE

**ADVISER'S NAME (PRINT):** \_\_\_\_\_

**ADVISER'S SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

<b>ADVISER'S SIGNATURE REQUIRED FOR ALL TRANSACTIONS</b>
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**ACKNOWLEDGEMENT OF TUITION AND FEES**

BY REGISTERING FOR COURSES, I AGREE TO:

- ASSUME FINANCIAL RESPONSIBILITY FOR ANY CHARGES AND/OR FEES POSTED TO MY ACCOUNT;
- ASSUME THE RESPONSIBILITY FOR UNDERSTANDING USF'S OFFICIAL POLICIES CONCERNING SCHEDULE CHANGES AND SATISFACTORY ACADEMIC PROGRESS;
- IT IS MY RESPONSIBILITY TO UNDERSTAND HOW THESE CHANGES CAN AFFECT MY FINANCIAL SITUATION WITH REGARD TO FINANCIAL AID ELIGIBILITY. USF MAY IMPOSE LATE FEES AND/OR DEFERMENT FEES ON OUTSTANDING BALANCES. USF RESERVES THE RIGHT TO RECOVER ALL COSTS INVOLVED WITH COLLECTION AND/OR LITIGATION OF DELINQUENT ACCOUNTS. IF MY ACCOUNT MUST BE SENT TO COLLECTION OR LITIGATION DUE TO NONPAYMENT OF THE OUTSTANDING BALANCE, USF RESERVES THE RIGHT TO DEMAND PAYMENT IN FULL FOR SUBSEQUENT SEMESTERS OF ENROLLMENT PRIOR TO THE BEGINNING OF EACH SEMESTER.

**STUDENT'S SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

<b>DEAN'S SIGNATURE</b>
<b>PERMISSION TO: (CHECK AS NEEDED)</b>
<input type="checkbox"/> ADD <input type="checkbox"/> DROP <input type="checkbox"/> ENTER A CLOSED CLASS <input type="checkbox"/> CHANGE GRADE OPTION <input type="checkbox"/> EXCESS CREDITS: _____