

UNIVERSITY OF MICHIGAN-DEARBORN

REGISTRATION, ADD & DROP FORM

Name: _____
Last
First
Initial
UMID

Indicate Term: Fall 20 _____ Winter 20 _____ Summer 20 _____

	CRN	Subject	Course Number	Section Number	Grade Code	Credit Hours	Instructor's Name (Print and Sign & Date)
A D D							
	CRN	Subject	Course Number	Section Number	Grade Code	Credit Hours	Instructor's Name (Print and Sign & Date)
D R O P							

Note: Non-attendance does not constitute a drop or withdrawal.

Please read carefully, sign and date below:

Agreement: I am responsible for my enrollment in classes and for the following policies and procedures at the University of Michigan-Dearborn. I must notify Enrollment Services, via the web or in person, to withdraw from the semester or add/drop any classes. I accept responsibility for charges regardless of attendance in class. I have read the Tuition and Fee Payment Policy, online or in the *Schedule of Classes*, which stipulates my payment obligations and the consequences if my account should become delinquent. I have read and understand the policies regarding academic regulations as published in the applicable Catalog and *Schedule of Classes* (along with dates).

Student Signature

Date

Advisor Signature

Academic Unit Signature

R&R Staff Initials & Date