

POLICY & PROCESS SUMMARY:

After the Regular Drop/Add period, a grace period of equal length to the drop/add period (for the particular course/Part of Term) is provided to accommodate special circumstances that delayed the registration adjustment (such as finances, etc.) Late Drops/Adds must be requested by the student and submitted to the Office of the University Registrar with all required signatures and by the appropriate deadlines.* (We will accept the form in person or scanned and emailed to registrar@rowan.edu as long as all required information is included and it is sent from official Rowan email addresses).

***Late Drop/Add Deadlines:** (Review all registration-related deadlines for the term at: <http://www.rowan.edu/provost/registrar/courseschedule.html>.)

If the course length/Part of Term in which the course appears is:	The Late Drop/Add dates are:
3 weeks or shorter	the 2 business days after the end of the Regular Drop/Add period for the course, which are the first 2 business days of the Part of Term in which the course appears.
over 3 weeks and up to 6 weeks	the 3 business days after the end of the Regular Drop/Add period for the course, which are the first 3 business days of the Part of Term in which the course appears.
over 6 weeks and up to the full term (12-16 weeks)	the 5 business days after the end of the Regular Drop/Add period for the course, which are the first 5 business days of the Part of Term in which the course appears.

STUDENT & COURSE INFORMATION: Every box below must be complete in order to process. One form per course please.

Last name		First name	
Rowan ID		Major	
Term <input type="checkbox"/> Fall <input type="checkbox"/> Winter <input type="checkbox"/> Spring <input type="checkbox"/> Summer	Year	Start and End Dates of Part of Term	
CRN	SUBJ	CRSE#	Section
Course title		<input type="checkbox"/> LATE DROP <input type="checkbox"/> LATE ADD *(See deadlines.)	

TO DROP A COURSE: SIGNATURE OF COURSE PROFESSOR OR ADVISOR IS REQUIRED

NAME OF PROFESSOR FOR THE COURSE OR ADVISOR (PLEASE PRINT)	
SIGNATURE OF THE PROFESSOR/ADVISOR	
DATE OF SIGNATURE	

TO ADD A COURSE: SIGNATURE OF PROFESSOR OR DEPARTMENT CHAIR IS REQUIRED

NAME OF PROFESSOR FOR THE COURSE OR DEPT. CHAIR (PLEASE PRINT)	
SIGNATURE OF THE PROFESSOR/DEPT. CHAIR	
DATE OF SIGNATURE	
IF A COURSE WAIVER IS REQUIRED PLEASE INDICATE WHICH WAIVERS ARE APPROVED: <input type="checkbox"/> CAPACITY <input type="checkbox"/> PRE-REQ <input type="checkbox"/> FIELD OF STUDY <input type="checkbox"/> REPEAT <input type="checkbox"/> OTHER _____	INITIALS OF PROFESSOR/DEPT. CHAIR _____

STUDENT VERIFICATIONS & SIGNATURE

Via my signature below, I verify that:

- I understand that adding or dropping a course may impact my University bill and that I will be responsible for handling the payment arrangements for any and all associated costs/charges. I understand that this process may affect my Financial Aid;
- If I am a student athlete, international student, or in University Housing, I have discussed the consequences with the appropriate office;
- I certify that the information supplied above is factually true and honestly presented to the best of my knowledge.

Student signature _____

date _____

Should you have any questions about processing this form, please contact registrar@rowan.edu.