



OKLAHOMA STATE UNIVERSITY  
OFFICE OF THE REGISTRAR

OUTREACH DROP/ADD FORM

Name: \_\_\_\_\_

Spring 20 \_\_\_\_

CWID: \_\_\_\_\_

Summer 20 \_\_\_\_

Fall 20 \_\_\_\_

ADD

CID#	Course Prefix	Course #	Section #	Credit Hours	Course Title

DROP

CID#	Course Prefix	Course #	Section #	Credit Hours	Course Title

Reason for dropping: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**By signing this form I understand that I am responsible for adhering to the OSU drop/withdrawal policy. Should I officially drop, cancel, or withdraw, any reduction in tuition and fees will be determined by the date I file my request. Failure to attend course(s) does not constitute an official drop/withdrawal.**

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Outreach Office Approval (signature)

\_\_\_\_\_  
Date

**NOTE:** THIS FORM MUST BE SUBMITTED THROUGH THE APPROPRIATE OUTREACH OFFICE. THE OFFICE OF THE REGISTRAR CANNOT ACCEPT THIS FORM DIRECTLY FROM THE STUDENT.