



OKLAHOMA STATE UNIVERSITY
OFFICE OF THE REGISTRAR

OUTREACH DROP/ADD FORM

Name: _____

Spring 20 ____

CWID: _____

Summer 20 ____

Fall 20 ____

ADD

CRN #	Course Prefix	Course #		Credit Hours	Course Title

DROP

CRN #	Course Prefix	Course #		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

Faculty Leader 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.