

Office of the Registrar
 State University of New York
 Maritime College
 6 Pennyfield Avenue, Throggs Neck, NY 10465
 Office of the Registrar
DROP/ADD Form

Student's Name

| | | | |
|-----------------|--------------|---------------|---------------------------------------------------------------|
| Last | First | Middle | ID # |
| | | | |
| Semester | Year | Major | Indicate Fresh; Soph; Junior; Senior or LG or Grad |
| | | | |

Drop or withdraw from a course (During first two weeks drops can be processed on the web)

| | | | |
|----------------------|---------|--------------|------------------------|
| Course Dept & Number | Section | Course Title | Instructor's Signature |
| | | | |
| | | | |
| | | | |

Add a course (During first two weeks add can be processed on the web)*

| | | | |
|----------------------|---------|--------------|------------------------|
| Course Dept & Number | Section | Course Title | Instructor's Signature |
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| | | | |
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***Note If course is Closed; or requires Pre-requisite; or Special Permission to take Course, a signature is required.** If the student requests either a closed course or one that requires prerequisite course, the Instructor's signature of approval is needed. **These Changes must be processed IN PERSON in the Registrar's Office.** Student must check Calendar dates for processing Drop, Add and Withdrawals. **After certain dates late fees are charged.**

Note: If the student is taking a credit overload, the student must complete **Credit Overload Form** which requires additional signatures, the Chairperson for 22-25 credits, and in addition, the Provost /VPAA for credits taken over 25 credits.

| | | |
|--------------------------------------------------------------|-------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Signature of Student Required X | Date | Total number of credits for the semester after change |
| Signature of Instructor of the course X | Date | Must Identify the Permission granted for Check one <input type="checkbox"/> Override Closed Course <input checked="" type="checkbox"/> Override Prerequisite |
| Or Signature of Chairperson of the course X | Date | |