

**MOUNT OLIVE COLLEGE  
DROP-ADD FORM**

ISSUING OFFICE: CAMPUS  GOLDSBORO

NAME: LAST \_\_\_\_\_ FIRST \_\_\_\_\_ MIDDLE \_\_\_\_\_ SOCIAL SECURITY # \_\_\_\_\_ DATE \_\_\_\_\_ STUDENT ATHLETE\*

REASON FOR DROPPING COURSE(S) \_\_\_\_\_ TOTAL HOURS BEFORE CHANGE \_\_\_\_\_ AFTER \_\_\_\_\_ RECEIVING VA BENEFITS

DROPPING						ADDING				
DEPT.	COURSE #	SECT	DAY/TIME	FACULTY	WP/WF	DEPT.	COURSE #	SECT	DAY/TIME	FACULTY

**NOTE: IF NOT RETURNED TO THE ISSUING OFFICE WITHIN 3 DAYS FROM THE ABOVE DATE, THIS SCHEDULE WILL NOT BE CONSIDERED OFFICIAL AND MUST BE REPEATED.**

\_\_\_\_\_  
STUDENT SIGNATURE

\_\_\_\_\_  
ADVISOR SIGNATURE

**\*FOLLOWING SIGNATURES ARE REQUIRED IF YOU ARE A STUDENT ATHLETE\*  
(A MINIMUM 12SH COURSE LOAD MUST BE MAINTAINED FOR NCAA ELIGIBILITY)**

\_\_\_\_\_  
COACH'S SIGNATURE

\_\_\_\_\_  
FACULTY ATHLETIC REPRESENTATIVE SIGNATURE

**FOR REGISTRAR ACTION ONLY:** Permit to enter class issued: \_\_\_\_\_ Drop card(s) sent: \_\_\_\_\_ Changed on system and student's schedule: \_\_\_\_\_

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