Oregon Institute of Technology

Add/Drop – Withdrawal Form

LAST NAME	FIRST NAME	MI	STUDENT ID NUMBER	TERM

	CRN	COURSE	NUM	SEC	REASON	INSTRUCTOR SIGNATURE	DATE
A					□ Time Conflict Override □ Max Capacity Override □ Prerequisite Override*		
D					□ Time Conflict Override □ Max Capacity Override □ Prerequisite Override*		
D					□ Time Conflict Override □ Max Capacity Override □ Prerequisite Override*		
S					□ Time Conflict Override □ Max Capacity Override □ Prerequisite Override*		

***Prerequisite Override Reason (REQUIRED):**

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	CRN	COURSE	NUM	SEC	INSTRUCTOR SIGNATURE TO DROP	DATE
D						
R						
O						
P						
S						

COMPLETE WITHDRAWAL ONLY	
DEAN OF STUDENTS SIGNATURE	DATE
BUSINESS OFFICE SIGNATURE	DATE

_____
ADVISOR SIGNATURE DATE

_____
STUDENT SIGNATURE DATE

_____
REGISTRAR INPUT DATE

REQUIRED SIGNATURES

Traditional Registration			*Web*REG
	Instructor Signature	**Advisor Signature***	**Advisor PIN**
Initial registration	NO	YES	YES
Add/drop before term starts	NO	NO	YES
Add/drop during first two days of term (space available basis only)	NO	NO	YES
Add/drop after first two days of term	YES	YES	CLOSED
Prerequisite Override	YES	YES	CLOSED
Add to closed class, any time	YES	After first two days of term	CLOSED

Revised 06/2008