



# DROP/ADD/WITHDRAWAL FORM

**Office of Records & Registration**  
 1480 Nashville Pike  
 Gallatin, TN 37066  
 v. 615-230-3466  
 f. 615-230-3645

Check here if withdrawing from all courses.

STUDENT ID \_\_\_\_\_

SEMESTER \_\_\_\_\_

NAME \_\_\_\_\_

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

INSTRUCTIONS: (1) Secure approval. (2) Return form to the Records Office (3) Pay Additional fees in Business Office

D R O P	CRN	Department	Course Number.	Section	Semester Hours	A D D	CRN	Department	Course Number	Section	Semester Hours		

Reason for Drop  
 \_\_\_\_\_  
 \_\_\_\_\_

Approval Signature \_\_\_\_\_ Date \_\_\_\_\_

**For Office Use Only**

Verified (Withdrawals) : FA \_\_\_\_\_ DS \_\_\_\_\_

Completed By: \_\_\_\_\_ Date \_\_\_\_\_