

ADD-DROP FORM

Dallas Baptist University

Request for Change In Schedule

Name: _____ DBU ID#: _____

Last First Middle

Permanent Mailing Address: _____

Number and Street City State Zip

Daytime Phone: () _____ Evening Phone: () _____

Do you receive VA Benefits? Yes No Are you graduating this semester? Yes No SS#: _____

STUDENT: Your schedule change will not take effect until this form has been completed and returned to the Registrar's Office.

Student's Signature: _____ Date: _____

	Term	Department	Course #	Section #	Name of Course	Advisor's Signature/Date
D R O P						
A D D						

<p>OFFICE USE ONLY</p> <p>Approved Registrar: _____</p> <p>Semester: _____</p> <p>Date: _____</p>	<p>DATE RECEIVED</p> <p>Drop date/tuition refund determined by date received in Registrar's Office</p>
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