

**NCWU REGISTRATION & DROP/ADD FORM**

Name: \_\_\_\_\_ ID#: \_\_\_\_\_ Email: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Semester:  Fall  Spring  Summer 1  Summer 2 Year: \_\_\_\_\_

**COURSE(S) BEING DROPPED**

Course #	Title	Section	Sem. Hrs	Start & End Dates	Instructor	Last day of Attendance

**COURSE(S) BEING ADDED**

Course #	Title	Section	Sem. Hrs	Start & End Dates	Instructor	Location

Semester hours before schedule change: \_\_\_\_\_ after change: \_\_\_\_\_

**PAYMENT METHOD**

*I understand that dropping /not attending class could reduce or eliminate my Federal/State aid, including loans, institutional grants, and scholarships.*

**Students please read and initial:**

- I understand that dropping below 6 credit hours will disqualify me for this loans.  
 I understand that dropping below 9 credit hours will disqualify me for this NCNBS.

**Add:** Additional Tuition Charges: \_\_\_\_\_ Payment Type: \_\_\_\_\_

*By this schedule change, I accept full responsibility for all academic, financial and social obligations as stated in the NCWU Catalog. Certification: I understand that the U. S. Department of Education provides regulations governing the awarding and disbursement of federal financial aid. These regulations have impacted my financial aid disbursements due to dropping a course, being dropped for non-attendance, withdrawing, or receiving an unearned "F" for one or more of my courses at North Carolina Wesleyan University. Without confirmation of future attendance, our records will indicate that you have ceased attendance and a Return to Title IV calculation will be performed.*

Please check one:

- \_\_\_\_\_ I DO plan on attending the session class/classes that begin later in this semester.  
 \_\_\_\_\_ I DO NOT plan on attending the session class/classes that begin in this semester.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Advisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Processed by: \_\_\_\_\_ Date: \_\_\_\_\_

**Office Use Only:**

- \$50.00 non-refundable tuition  
 Student responsible for full payment of class:  yes  no \$ \_\_\_\_\_  
 Late Registration Fee

Total Amount \$ \_\_\_\_\_ Invoice Number: \_\_\_\_\_ Date: \_\_\_\_\_ Processed by: \_\_\_\_\_

Jenzabar Input
Initials _____
Date _____