ADD/DROP FORM

1. Once you complete and sign this form, you must get your Program Director’s signature and adjust your program plan accordingly.
2. Bring this form to the Office of Student Services (OSS).
3. When all steps have been completed, bring this form to the Student Administrative Services Office (141 in Black Building). Add/Drop forms will not be accepted without the proper SON approvals.

First Name: ___________________  Last Name: ___________________

Columbia E-mail: ___________________ Phone Number: ___________________

Program: ___________________

Term of Enrollment (Term & Year): ___________________

NOTE: Tuition is not refunded for courses dropped after the Change of Program Period. Students who add/drop classes are responsible for notifying the financial aid office of the changes. This change may affect your student status or financial aid package.

COMPLETE THIS SECTION

To Add a class, enter an “A” in the Action Code column and complete all other columns.
To Drop a class, enter a “D” in the Action Code column and complete all other columns.
To change the number of credits, enter a “C” in the Action Code column and complete all other columns.

<table>
<thead>
<tr>
<th>Action Code</th>
<th>Call Number (5 digits)</th>
<th>Bulletin Subject</th>
<th>Bulletin Number</th>
<th>Section</th>
<th>Number of Credits</th>
<th>Course Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>00000</td>
<td>NURS</td>
<td>N3333</td>
<td>1</td>
<td>3.0</td>
<td>THIS IS A SAMPLE</td>
</tr>
</tbody>
</table>

Student’s Signature: ___________________  Date: ___________________

APPROVAL SIGNATURES

Program Director(s): ___________________  Date: ___________________

Administrative Approval: ___________________  Date: ___________________  Notes: ___________________

Columbia University School of Nursing
Office of Student Services
OSSnursing@cumc.columbia.edu
Phone: 212-305-5451
Fax: 212-342-4759