



OUTREACH DROP/ADD FORM

Student Name (Last, First, Middle): _____

Spring 20__

Summer 20__

Student ID: _____

Fall 20__

ADD

CID #	Course Prefix	Course #	Section #	Credit Hours	Course Title

DROP

CID #	Course Prefix	Course #	Section #	Credit Hours	Course Title

Reason for dropping: _____

By signing this form I understand that I am responsible for adhering to the OSU drop/withdrawal policy. Should I officially drop, cancel, or withdraw, any reduction in tuition and fees will be determined by the date I file my request. Failure to attend course(s) does not constitute an official drop/withdrawal.

Student Signature

Date

Outreach Office Approval (Signature)

Date

NOTE: THIS FORM MUST BE SUBMITTED THROUGH THE APPROPRIATE OUTREACH OFFICE. THE OFFICE OF THE REGISTRAR CANNOT ACCEPT THIS FORM DIRECTLY FROM THE STUDENT.