ADD/DROP FORM
Office of the University Registrar
881 Commonwealth Ave, Boston, MA 02215
Phone: 617-353-3612 Fax: 617-358-1689 Email: registrar@bu.edu

Use this form to add or drop courses, change a class section, or change credits for a variable credit class. Class Schedules may be viewed via the Student Link or at www.bu.edu/reg.

Non-Standard Courses: Please review course information and deadlines at www.bu.edu/reg.

Standard Courses: Most standard courses can only be added within the first two weeks of classes. Standard courses dropped during the first five weeks of class are not recorded as part of your permanent record, but after the fifth week of class drops will be recorded with a “W” grade and students are responsible for the cost of the course. Students should refer to their school/college regarding signatures required for drops, and consider all course components (lab, lecture, etc.) when considering dropping a course.

Student Information:
First and Last Name: ____________________________ BU ID #: ____________

Date of Birth: ____________________________ School or College: ____________________________

Email: ____________________________ Cell Phone #: ____________

Local Address: ______________________________________________________________________
(Street address, city, state, zip code, country where you reside while attending classes at BU)

BU Alert Phone Number: ____________ Is this a Cell Phone: □ yes □ no
(Required for notification of University-wide Emergency)

Registration Information: Fill in all the course information below.
Academic Semester: ____________________________ Academic Year: ____________________________

<table>
<thead>
<tr>
<th>Action: Add, Drop, Section Change, Credit Change</th>
<th>College</th>
<th>Course</th>
<th>Number</th>
<th>Section</th>
<th>Credit Hrs</th>
<th>Course Title</th>
<th>Instructor Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td>Example: Add</td>
<td>CAS</td>
<td>CS</td>
<td>101</td>
<td>A1</td>
<td>4</td>
<td>Intro to Computers</td>
<td>-----</td>
</tr>
</tbody>
</table>

Please sign below to authorize the above course registration.

Student Signature: ____________________________ Date: ____________________________

Advisor Signature: ____________________________ Date: ____________________________
(if required by your school)