

ADD/DROP FORM

For changes of schedule after registration has been completed

Name (last, first, mid): _____ Student ID#: _____

Phone Number: (____) _____ - _____ Email: _____@mcny.edu

Degree: Associate Bachelor Masters CASAC (Certificate)

- Curriculum:
- American Urban Studies
 - Business
 - Human Services
 - Emergency & Disaster Management (undergraduate)
 - Health Services Management
 - Healthcare Systems Management (undergraduate)
 - Education
 - Emergency Management & Business Continuity (graduate)
 - Financial Services
 - General Management
 - Media Management
 - Public Administration
 - Non-traditional: _____

ADD	Purpose	Course Code (i.e. MTH 122 SKI)	Site/Section (i.e. MEV1)	Credits	Approval	

DROP	Purpose	Course Code	Site/Section	Credits	Approval	

Comments/Reason for class change:

**Changes of section may require a Dean's approval (e.g. MEV1 to MEV2)
Schedule changes are not allowed after the first week of classes.**

X _____ / / _____ / /
 Student's Signature Date Advisor's Signature Date

Change of Credits/ Financial Aid Signature Required _____ / /
 Date

Dean's Signature Required _____ / /
 Date