

This form is for drop/add transactions that cannot be processed via Albert for exceptional reasons.

This form is not intended for requesting "term withdrawals" (withdrawing from all courses within a term) or a leave of absence.

Advisor and/or department signatures are required; forms will not be accepted without required/authorized signatures.

Deliver completed form to a StudentLink Center (Manhattan: 383 Lafayette Street; Brooklyn: 5 MetroTech Center, 201).

Questions can be directed to registration@nyu.edu

STUDENT INFORMATION

STODENT IN CRIMATION										
LAST/FAMILY NAME		FIRST NAME			MIDDLE	SCHOOL OF NYU ATTENDING				
F N		Fall Spring January Summer						Non-degree Professional		
CAMPUS ID		TERM		YEAR	-	Undergrade	iate 1101	coolona		
COLIDSES DRODDED					COURCES ARRED					
COURSES DROPPED Subject Area Catalog # Section # Class # Units				Units	Subject Area	COURSES ADDED oject Area Catalog # Section # Class # Units				
Ex: HIST-UA	Ex:1234	Ex: 001	Ex: 5450	Ex: 4	Ex: HIST-UA	Ex:1234	Ex: 001	Ex: 5450	Ex: 4	
Term Units BEFORE change: Term Units AFTER change:										
with the above responsibility further understatus (for students)	re schedule a to familiarize stand that dro idents on F1	ndjustments a myself with U pping/withdra	ccording to the Iniversity police	e <u>Universi</u> cy and pi	oility for all charg ty refund/liability s cocedure regardin us may jeopardiz	schedule. I a g registration	cknowledge to drop/withdr	hat it is my awal, and refun	ıds. I	
STUDENT SIGNA	TURE X					DATE				
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REQUIRED: ADVISOR/DEPARTMENTAL APPROVAL										
ADVISOR/DEPARTMENTAL SIGNATURE X						DATE				
ADMINISTRATIVE USE ONLY										
Special Processi	ng	Authorized Signatu			ire	Print Name		Date		
Special Processing		Authorized Signature			re	Print Name		Date		
		REGISTRAR'S OFFICE USE ONLY								
		Date processed:								
		Processed by:								