



ADD / AUDIT / DROP / WITHDRAWAL FORM

Instructions: Complete all of the information requested below pertaining to your request and submit to the Registrar's Office @ Registrar@nyts.edu. Please refer to the Student Handbook for school policy on all changes/refunds, etc.

Date _____ Student ID #: _____

Name _____
Last First Middle

<u>COURSE #</u>	<u>COURSE TITLE</u>	<u>CREDITS</u>	<u>SEMESTER</u>	<u>YEAR</u>
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I wish to ADD the following course(s):

_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

I wish to AUDIT the following course(s):

_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

I wish to DROP the following course(s):

_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

I wish to WITHDRAW from the following course(s):

_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Student's Signature: _____

Advisor's Signature: _____

Business Office Signature: _____

Registrar's Signature: _____

Class Start Date/s (for DROPS/WITHDRAWALS): _____

