



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

| | | | |
|------------------|---|--------|---|
| LAST/FAMILY NAME | FIRST NAME | MIDDLE | SCHOOL OF NYU ATTENDING |
| | Fall Spring January Summer | | Graduate Non-degree Undergraduate Professional |
| CAMPUS ID | TERM | YEAR | |

| COURSES DROPPED | | | | | COURSES ADDED | | | | |
|--------------------|----------------|----------------|-----------------|--------------|--------------------|----------------|----------------|-----------------|--------------|
| Subject Area | Catalog # | Section # | Class # | Units | Subject Area | Catalog # | Section # | Class # | Units |
| <i>Ex: HIST-UA</i> | <i>Ex:1234</i> | <i>Ex: 001</i> | <i>Ex: 5450</i> | <i>Ex: 4</i> | <i>Ex: HIST-UA</i> | <i>Ex:1234</i> | <i>Ex: 001</i> | <i>Ex: 5450</i> | <i>Ex: 4</i> |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

Term Units BEFORE change: _____ Term Units AFTER change: _____

Notice of Responsibility: I hereby accept financial responsibility for all charges (including collection of fees) associated with the above schedule adjustments according to the [University refund/liability schedule](#). I acknowledge that it is my responsibility to familiarize myself with University policy and procedure regarding [registration, drop/withdrawal, and refunds](#). I further understand that dropping/withdrawing below full time status may jeopardize my [financial aid eligibility](#) and/or [immigration status](#) (for students on F1 or J1 Visas).

STUDENT SIGNATURE **X** _____ DATE _____

REQUIRED: ADVISOR/DEPARTMENTAL APPROVAL

ADVISOR/DEPARTMENTAL SIGNATURE **X** _____ DATE _____

ADMINISTRATIVE USE ONLY

| | | | |
|--------------------|----------------------|------------|------|
| Special Processing | Authorized Signature | Print Name | Date |
| | | | |
| Special Processing | Authorized Signature | Print Name | Date |
| | | | |

REGISTRAR'S OFFICE USE ONLY

Date processed: _____
 Processed by: _____