



ADD / DROP Registration Form

HAMPTON UNIVERSITY
University College

Student ID#: _____ Phone: _____

Hampton Email Address: _____@my.hamptonu.edu

Name: _____
Last First Middle Initial

Registration for: Spring Summer Fall Winter of _____ Undergraduate

ADD/ DROP	CRN <i>ie. 12345</i>	Department <i>ENGL</i>	Course <i>101</i>	Section <i>001</i>	Credits <i>3</i>	Instructor's Signature for Closed/Full Sections*	Dean/Dept. Chair Pre-Req. Override**

* Instructor's signature required for adding courses that are full/closed.

**A Pre-Requisite Override requires the approval of the Dean or Department Chair of the department in which the course is taken. (This signature *does not* indicate signing a student into a full/closed course).

With the above changes, I now have _____ total credit hours. I understand the overload status (see below) will result in additional tuition charges.

Current GPA: _____

Student Signature: _____ Date: _____

Registrar's Office: _____ Date: _____