



Drop/Add Class

Records Office

1435 N Glenstone Ave • Springfield MO 65802

Phone (417) 268-1025 • Fax (417) 268-1030

records@agts.edu

Student Name _____ Date _____

Student Number _____ Semester _____

Drop these courses

Course Dept.	Course No.	Sect.	Course Title	Credit Hours	Instructor

Add these courses

Course Dept.	Course No.	Sect.	Course Title	Credit Hours	Instructor

Total credit hours **BEFORE** change _____

Total credit hours **AFTER** change _____

Student signature _____

Advisor signature _____

Refunds based on the date the student returns this form to the Records Office. Refund policy outlined in catalog. Authorization to change schedule is not approval for exception to degree program requirements.

Veterans Affairs (if applicable) _____

Records Office _____

Change cannot be processed if form is not submitted to Records Office within drop/add period

Office use only:

Date entered _____

Entered by _____

Degree code _____