

Adelphi University

ACTION REQUEST FORM

Last Name First Name Middle ID Number Term

Action A – Add D – Drop C – Change W – Withdraw	Course Number	Title	Credits	P/F AU	UG/GR Credit	Academic Approval to over-enroll (if classroom space allows)	Instructor/Dept. Chair/Dean's Signature for Withdrawal
-	-						
-	-						
-	-						
-	-						
-	-						

*Total Number of Registered Credits _____

I have read the University's tuition and fee and academic policies as published in both the Directory of Classes and the Undergraduate and Graduate Bulletin. I acknowledge such policies and my related obligation to the University as a result of this registration.

 Student's Signature

*17 ½-18 credits – Advisor Signature Required _____
 Advisor's Signature

*18 ½ + credits – Advisor and Dean's signature Required _____ and _____
 Advisor's Signature Dean's Signature

Do Not Write Below This Line (Office Use Only)

Processed By: _____ Date _____

STUDENT FINANCIAL SERVICES
