



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 Student Services Center (Manhattan: 25 West 4th Street; Brooklyn: 5 MetroTech Center, 201). Questions can be directed to [Academic Records](#).

STUDENT INFORMATION

LAST/FAMILY NAME	FIRST NAME	MIDDLE	SCHOOL OF NYU ATTENDING
	Fall Spring		Graduate Non-degree
	January Summer		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: