

ROWAN UNIVERSITY

TO ADD A COURSE AFTER THE DROP/ADD PERIOD

Last Name	First Name	MI	Rowan ID Number
ADD: _____	_____		DROP: _____
CRN	Course Number		CRN Course Number
Course Title		Course Title	
TERM: <input type="checkbox"/> Fall, 20____		To drop, Dean must initial: _____	
<input type="checkbox"/> Spring, 20____			
<input type="checkbox"/> Summer, 20____			

TO THE STUDENT: In order for this request to be considered, a student **must specify circumstances** which prevented him/her from enrolling for the course during one of the normal registration periods and **must provide documentation** (e.g., physician's note, faculty/staff note, etc.) which substantiate the circumstances of the request. **Please note that the appropriate supporting documentation must remain attached to this form through the entire approval process.** Only the following circumstances are recognized as acceptable reasons for requesting registration in a Rowan University course after all registration periods have expired. Please check all that apply and attach appropriate documentation:

- | | |
|---|--|
| <input type="checkbox"/> death in the immediate family
<input type="checkbox"/> serious illness or accident
<input type="checkbox"/> documented error by Rowan employee
<input type="checkbox"/> department/faculty/advisor requirement for student to drop (or withdraw from) a course for which the student does not have the appropriate prerequisite or matriculation status | <input type="checkbox"/> hospitalization
<input type="checkbox"/> psychological distress
<input type="checkbox"/> military service
<input type="checkbox"/> faculty moving student to new section/not informing student
<input type="checkbox"/> cancellation of courses due to delay in approval of financial aid
<input type="checkbox"/> other |
|---|--|

Exceptions to this policy may only be made in rare and compelling circumstances or situations not noted above which are clearly beyond the control of the student. Such exceptions must be approved by the dean of the College in which the course is offered.

TO THE INSTRUCTOR: Please check the appropriate box:

- | | |
|--|--|
| <input type="checkbox"/> Student has not attended any classes in this course | <input type="checkbox"/> Student has been attending this course regularly since _____ (Date) |
|--|--|

REQUIRED SIGNATURES

1. _____ Course Instructor Date	4. _____ Registrar Date
2. _____ Department Chair Date	5. _____ Bursar Date
3. _____ Academic Dean OR Dean's Designee Date	6. _____ Registrar (Approval to Admit) Date

NOTE: Students have **5 working days** from the date the Registrar signs this form (signature 4) to obtain the Bursar's signature (signature 5) and Final Approval to Admit from the Registrar (signature 6).

FORMS NOT COMPLETED WITHIN 5 WORKING DAYS WILL BECOME VOID AND STUDENTS WILL BE DROPPED FROM THE COURSE

IT IS THE RESPONSIBILITY OF THE STUDENT TO ATTACH THE REQUIRED DOCUMENTATION SUPPORTING THIS REQUEST AND TO OBTAIN ALL SIGNATURES