

OVU COURSE ADD/DROP REQUEST FORM

Name: _____ Date: ____ / ____ / ____

COURSES ADDED: _____ *no course additions will be allowed after the add deadline*

Title: _____

Dept. _____ No. _____ Sec. _____

Title: _____

Dept. _____ No. _____ Sec. _____

COURSES DROPPED: _____

Title: _____ Grade (circle) W F

Dept. _____ No. _____ Sec. _____ Instructor's Approval: _____

Title: _____ Grade (circle) W F

Dept. _____ No. _____ Sec. _____ Instructor's Approval: _____

Advisor's Approval: _____

Compliance Officer's Approval: _____

Business Office Approval: _____ Fee: _____

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