National Louis University
Drop/Add Form

Student Name: __________________ NLU ID: __________

The National Louis University Refund Policy applies to students who drop one or more courses but do not withdraw from all coursework for a term. Students will receive no charge for courses they drop prior to the start of the term or during the first week of the term. Students who are enrolled in workshops must drop at least one business day prior to the start of the workshop to receive a full refund otherwise there will be no refund. For FOCUS courses, students will receive a 100% refund if they drop prior to the start of the term or no later than the end of the first week of the class. Dropping the course after that point will result in no refund. Students who drop a course (s) after the drop period will receive a “W” grade. There is no refund for withdrawals after the first week of the term unless all courses in the term are withdrawn. The undergraduate unit of credit is the quarter hour; the graduate unit of credit is the semester hour.

Please make the following changes to my registration:
Select Term:
☐ Fall  ☐ Winter  ☐ Spring  ☐ Summer  20 ______

DROP/WITHDRAW FROM A COURSE

<table>
<thead>
<tr>
<th>CRN Number</th>
<th>Course Number</th>
<th>Course Title</th>
<th>Quarter or Semester Hours</th>
<th>Office Use Only</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

ADD A COURSE

<table>
<thead>
<tr>
<th>CRN Number</th>
<th>Course Number</th>
<th>Course Title</th>
<th>Quarter or Semester Hours</th>
<th>Office Use Only</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Reason for Change: __________________________________________________________

I understand drops/withdrawals are effective on the date the form is received by the undergraduate advisor or registrar.

Student Signature or via NLU email account ____________________________ Date __________

Fax/Mail form to: (312) 261.3044  Academic Advising Center
122 S. Michigan Av, Chicago IL 60603

For Office Use Only

Advisor’s Signature (Required for Undergraduate Students Only) ____________________________ Date __________

Financial Aid Signature ____________________________ Date __________

Registration signature ____________________________ Date __________

06/29/10