

Term: \_\_\_\_\_  
 Student Name: \_\_\_\_\_  
 UB ID: \_\_\_\_\_  
 Phone: \_\_\_\_\_

Date: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Major: \_\_\_\_\_

**Add:**

Class No.	Dept.Crs.Sect.	Course Name	Credits	Adviser Signature
_____	_____	_____	_____	Dean Signature required for class overload <input type="checkbox"/> Waive Pre-req. <input type="checkbox"/> Overload Class
_____	_____	_____	_____	<input type="checkbox"/> Waive Pre-req. <input type="checkbox"/> Overload Class
_____	_____	_____	_____	<input type="checkbox"/> Waive Pre-req. <input type="checkbox"/> Overload Class
_____	_____	_____	_____	<input type="checkbox"/> Waive Pre-req. <input type="checkbox"/> Overload Class

**Drop:**

Check to withdraw from all classes

Class No.	Dept.Crs.Sect.	Course Name	Credits	Dean Signature required after drop date
_____	_____	_____	_____	<input type="checkbox"/> After drop date
_____	_____	_____	_____	<input type="checkbox"/> After drop date
_____	_____	_____	_____	<input type="checkbox"/> After drop date

Student Signature: \_\_\_\_\_ Adviser Signature: \_\_\_\_\_ Date Registered \_\_\_\_\_

Term: \_\_\_\_\_  
 Student Name: \_\_\_\_\_  
 UB ID: \_\_\_\_\_  
 Phone: \_\_\_\_\_

Date: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Major: \_\_\_\_\_

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Check to withdraw from all classes

Class No.	Dept.Crs.Sect.	Course Name	Credits	Dean Signature required after drop date
_____	_____	_____	_____	<input type="checkbox"/> After drop date
_____	_____	_____	_____	<input type="checkbox"/> After drop date
_____	_____	_____	_____	<input type="checkbox"/> After drop date

Student Signature: \_\_\_\_\_ Adviser Signature: \_\_\_\_\_ Date Registered \_\_\_\_\_