

Adelphi University

ACTION REQUEST FORM

Last Name First Name Middle ID Number Term

Action A – Add D- Drop C- Change W- Withdraw	Course Number		Title	Credits	Pass/Fail Audit	Towards which degree?	Academic Approval to over- enroll (if classroom space allows)	Instructor/Dept. Chair/Dean's Signature for Withdrawal
					P/F AU	UG/GR Credit		
	-	-						
	-	-						
	-	-						
	-	-						
	-	-						

**Total Number of Registered Credits _____*

I have read the University's tuition and fee and academic policies as published in both the Directory of Classes and the Undergraduate and Graduate Bulletins. I acknowledge such policies and my related obligations to the University as a result of this registration.

Student's Signature

** 17 ½ - 18 credits - Advisor Signature Required*

Advisor's Signature

** 18 ½ + credits – Advisor and Dean's Signatures Required*

Advisor's Signature

and

Dean's Signature

Do Not Write Below This Line (Office Use Only)

Processed By: _____ Date: _____

**STUDENT FINANCIAL
SERVICES**