

Change of Schedule (Add/Drop)

Email: Registrar@MissouriState.edu
Phone (417) 836-5520, Fax (417) 836-6334
901 S National Ave, Carrington Hall 320
Springfield, MO 65897



OFFICE of
THE REGISTRAR

Student Name: _____ M-Number _____
Last First MI

Indicate semester/year of registration: Fall ____ Spring ____ Summer ____ Year ____

Withdrawal Request

____ I wish to withdraw (**drop all classes**) for the semester and year listed above.

NOTE FOR ACADEMIC AREA/ADMINISTRATOR: *Signing this form for late registration acknowledges review of the student's academic record and class schedule for possible registration errors and allows the Office of the Registrar to administratively grant closed level, permission, and/or prerequisite overrides needed to register the student in the course(s) listed.*

Add/Drop Classes

Add or Drop + or – symbol		CRN	Course Subject	Course Number	Section Number	Credit Hours	Departmental or School Signature Approval (only required for adding classes after the change of schedule period has ended for the class)
Ex.	+	57692	ENG	110	001	3	Signature (if needed)
1							
2							
3							
4							
5							
6							
7							

Before you drop a course, review your personalized fee refund schedule in your [My Missouri State](#). A course added after the 100% refund deadline will be refunded based on the published refund schedule.

To register for classes at Missouri State University, you must agree to abide by University policies. Policies include those related to payment of fees and those outlined in the University catalog and other official University documents. Please carefully review the details of your Enrollment Agreement in your My Missouri State and the My Payment Plan policy at https://www.missouristate.edu/Policy/Chapter8/Op8_12_MyPaymentPlan.htm. By signing below, you accept the terms of these agreements.

Student Signature: _____ Date: _____

Office use only: _____ Date: _____