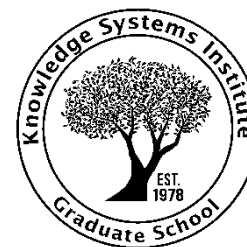


Knowledge Systems Institute Graduate School



Add/Drop Form

Students who wish to change their class registration must first meet with their academic advisor for approval. The instructor of the course that you wish to add & drop must initial this form. Students who complete this process within the first six (6) class hours from the start date of the semester will be eligible to update their initial registration and, if necessary, may request for a complete refund of tuition. Any student who fails to follow these procedures or does not make his or her changes until the seventh class hour may not adjust their registration nor shall receive/request refund of tuition.

Student Information:

Student First Name:	Student Last Name:
Current Major: <input type="checkbox"/> Computer Information Sciences <input type="checkbox"/> Area of Concentration in Computer Networks (CN) <input type="checkbox"/> Area of Concentration in Health Informatics (HI) <input type="checkbox"/> Area of Concentration in Information Security (IS) <input type="checkbox"/> Area of Concentration in Knowledge Management (KM) <input type="checkbox"/> Area of Concentration in Management Information Systems (MIS) <input type="checkbox"/> Area of Concentration in Software Engineering (SE)	Semester Registration: <input type="checkbox"/> Fall _____ (yyyy) <input type="checkbox"/> Spring _____ (yyyy) <input type="checkbox"/> Summer _____ (yyyy)

Add/Drop Course Information:

Course Code:	Course Title:	Add/Drop	Instructor Initial	Date
Example: BA301	Example: Principles of Management	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Drop	Example: P.C	Ex: 08/22/15
		<input type="checkbox"/> Add <input type="checkbox"/> Drop		
		<input type="checkbox"/> Add <input type="checkbox"/> Drop		
		<input type="checkbox"/> Add <input type="checkbox"/> Drop		
		<input type="checkbox"/> Add <input type="checkbox"/> Drop		
		<input type="checkbox"/> Add <input type="checkbox"/> Drop		

Administrative Office Use Only:

Date: _____

Requested on or before 6th clock hour: Yes No

Refund requested: Yes No

 o Refund check number: _____

 o Refund check amount: _____

Registration updated on: _____

Administrative Officer initial: _____