 Office of the Registrar

PO Box 4103

Flagstaff, AZ 86011

928-523-5490

Fax: 928-523-1414

[Registrar.Enrollment@nau.edu](http://www.nau.edu/registrar)

**Enrollment (Add) / Drop Request**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** (Last, First, M.I.) | **Student Identification Number** | | |
| **Student’s Academic Career:**  Undergraduate  Graduate | | |
| **Term:**  Fall  Winter  Spring  Summer | | **Year** |
| **Session:**  3 Week  5 Week  8 Week  10 Week  12 Week  16 Week  Other | | |

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **Enroll** | **Class Number**  **(XXXXX)** | **Subject and Catalog Number**  **(Ex. SOC 101)** | **Section** | **Units** | **Permission Number** | **Add to Wait List** | **Swap with**  **Class Number** |
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| **Drop** |  |  |  |  |  |  |  |
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My signature below indicates that I have reviewed and understand the policies associated with enrolling for / or dropping the courses required completing my major, minor, liberal studies and other programs of study I may select. Whether I have consulted with an academic advisor or not, my signature indicates that I freely choose to enroll for these courses and that I assume full responsibility for my course selection and the resulting consequences and liabilities associated with my selection.

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Student Signature Date