



Office of the Registrar  
 PO Box 4103  
 Flagstaff, AZ 86011  
 928-523-5490  
 Fax: 928-523-1414  
[Registrar.Enrollment@nau.edu](mailto:Registrar.Enrollment@nau.edu)

### Enrollment (Add) / Drop Request

Name (Last, First, M.I.)		Student Identification Number	
Student's Academic Career: <input type="checkbox"/> Undergraduate <input type="checkbox"/> Graduate			
Term: <input type="checkbox"/> Fall <input type="checkbox"/> Winter <input type="checkbox"/> Spring <input type="checkbox"/> Summer			Year
Session: <input type="checkbox"/> 3 Week <input type="checkbox"/> 5 Week <input type="checkbox"/> 8 Week <input type="checkbox"/> 10 Week <input type="checkbox"/> 12 Week <input type="checkbox"/> 16 Week <input type="checkbox"/> Other			

	Class Number (XXXXX)	Subject and Catalog Number (Ex. SOC 101)	Section	Units	Permission Number	Add to Wait List	Swap with Class Number
Enroll							
Drop							

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.

\_\_\_\_\_ Date \_\_\_\_\_  
 Student Signature

Processed by: \_\_\_\_\_ Date: \_\_\_\_\_