

Effective Semester

- Spring _____
 Summer _____
 Fall _____



MISSISSIPPI STATE
UNIVERSITYTM

Division of Academic Outreach & Continuing Education

Add/Drop Form for Distance Learning

Campus 5

Student ID # _____ Name: _____
Last First M.I.

Email Address: _____ Phone Number: _____

Mailing Address: _____
(Street/P.O. Box) City/State Zip Code

Home Phone () _____ Work Phone () _____ Cell (Optional) () _____

College/School _____ Major/Concentration _____

List REASON for Add/Drop (attach any supporting evidence) _____

Circle One ↓	Course Symbol & Number (Example: EDE 3223)	Title (Example: Middle Level Education)	CRN
ADD DROP			
ADD DROP			
ADD DROP			
ADD DROP			

STUDENT: By signing and submitting this form to the Division of Academic Outreach and Continuing Education you are authorizing our office to **Add and or Drop** course(s) listed above to adjust your current schedule.

This form does NOT Withdraw you from all your course(s). Please go to our website at <http://distance.msstate.edu/> and click on FORMS.

Student's Signature **Date** **Student's Academic Advisor/ Instructor** **Date**

Please view the Academic Calendar at <https://mybanner.msstate.edu/news.htm> for more Policy Information.

Spring & Fall Term Only DROP & ADD POLICY

Last day to DROP a course without a "W" grade (5th Class Day) 100% refund
 DROP after 5th Class Day - "W" grade 0% refund

ADD POLICY - Last day to ADD a class - 6th Class Day

Summer Term 1st & 2nd 5 week DROP & ADD POLICY

Last day to DROP a course without a "W" grade (1st Class Day) 100% refund
 DROP after 1st Class Day - "W" grade 0% refund
ADD POLICY - Last day to ADD a class - 2nd Class Day

Summer Term 10 week DROP & ADD POLICY

Last day to DROP a course without a "W" grade (2nd Class Day) 100% refund
 DROP after 2nd Class Day - "W" grade 0% refund
ADD POLICY - Last day to ADD a class - 3rd Class Day

SEND OR FAX TO: Operations Unit * P. O. Box 5247 * Mississippi State, MS 39762 * FAX 662-325-2657

Mississippi State University does not discriminate on the basis of race, color, religion, national origin, sex, sexual orientation or group affiliation, age, disability, or veteran status.

For AOCE Office Use ONLY

DROP Code: _____ Refund Percentage: _____

Term: _____ Hrs. Currently Enrolled _____ Effective Drop Date: _____