S.C.A.L.E. Support: Phone: 516-299-2211 Fax: 516-299-3829 liu.edu/scale

Long Island University S.C.A.L.E. & A.C.E. Programs

A.C.E. Support: Phone: 516-299-3649 Fax: 516-299-3829

liu.edu/ace

DROP and/or ADD Form

ALL INFORMATION MUST BE COMPLETED TO PROCESS THE REQUEST TO DROP AND/OR ADD A COURSE.

All requests to drop a course must be received in the S.C.A.L.E./A.C.E. office BEFORE the drop date ~ NOVEMBER 15 for fall semester and full year courses, APRIL 15 for spring semester courses. After these dates: NO DROPS ARE PROCESSED & NO REFUNDS ARE MADE. Students will remain registered for the course, receive a grade, and be responsible for the FULL TUITION.

S.C.A.L.E./A.C.E. Office Use ONLY							
Recieved:/	-						
Drop and/or Add processed:	Y	N					
Initial:							
EMPL ID:							

All requests to add spring, or full year								
			Student I	nformation:				
Social Security Nu OR Student ID Nu	ımber: ımber		Name:	Last	Fi	rst	MI	-
Home Address:	Num	ber and Street		Town	St	ate	Zip	-
Home Telephone:				High School:				_
Please include all co	ourses you	wish to DROI	in the box belo	w Please include all c	ourses you	wish to A	ADD in the box be	ole
Semester & Year	Course	Reason I	For Drop	Semester & Year	Course	Credits	SCALE/ACE Offi use ONLY	<u>ce</u>
Signature of Stude	ent:							
								_
Signature of Paren	t/Guardian:	·						_
Print Name:						Date:	//	-
Signature of School	ol Agent:							_

Print Name:

Date: