



NEW HAMPSHIRE INSTITUTE OF ART

148 Concord Street ♦ Manchester, NH 03104-4858 ♦ (603) 623-0313 ♦ Fax (603) 641-1832

Office of the Registrar

Add/drop

| | | | | | | | |
|----------------------|------------|---|------|------------|------|--|--------------------|
| Today's Date: | | Semester: Spring Summer Fall ~ 2007 2008 2009 2010 | | | | | |
| Last Name | First Name | MI | ID # | or | SS # | | M-Male F-Female |
| E-mail | | | | | | | |
| Phone | | | | Cell Phone | | | |

If this is a COMPLETE WITHDRAWAL from all your classes please fill out a *CHANGE OF ENROLLMENT STATUS FORM*.

| ADD | | | | | |
|------------|-------|------------|--------|------|--|
| COURSE # | TITLE | INSTRUCTOR | DAY(S) | TIME | |
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| DROP | | | | | |
|-------------|-------|------------|--------|------|-------------------|
| COURSE # | TITLE | INSTRUCTOR | DAY(S) | TIME | Last Day Attended |
| | | | | | |
| | | | | | |
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*****Instructors initials are required*****

Reason for Add or Drop:

I will assume responsibility for, and understand that this drop may affect my SAP and my financial aid. Financial Aid adjustments may take 24 hours to be reflected on my account.

Student Signature/Date

Advisor's Signature/Date

MUST BE SIGNED AND RETURNED TO THE REGISTRAR

| | | |
|-----------------------------|------------------------------|-------------------------|
| *** For Office Use Only *** | | |
| Registrar's Signature/Date | Financial Aid Signature/Date | Bursar's Signature/Date |