



(Please Print)

COMPLETE IN FULL, SIGN AND RETURN TO:
University of Massachusetts Dartmouth
University Enrollment Center
285 Old Westport Road
North Dartmouth, Massachusetts 02747-2300
OR FAX TO: 508-910-6420

DROP, ADD, WITHDRAWAL FORM

DATE
Month Day Year

Campus ID

Name Last First MI

Home Phone ( )

Home Address Number Street

Business Telephone ( )

City State Zip code

EMAIL Address:

SEMESTER

X
Authorized Signature to Process Request

Table with 3 columns: COURSE #, COURSE TITLE, COURSE CREDITS. Section: COURSES CANCELLED

Table with 3 columns: COURSE #, COURSE TITLE, COURSE CREDITS. Section: COURSES DROPPED

Table with 3 columns: COURSE #, COURSE TITLE, COURSE CREDITS. Section: COURSES ADDED

Table with 3 columns: COURSE #, COURSE TITLE, COURSE CREDITS. Section: COURSE WITHDRAWALS

\*\*\*\*\* For Office Use Only \*\*\*\*\*
Please allow 20 business days for refund process.

Processed By INITIALS DATE

Calculated By INITIALS DATE

Check Issued By INITIALS DATE

Special Comments:

Tuition
Reg Fee
Cmp Cntr Fee
Lib Fee
Tech Fee
Other

Total Amount Refunded \$

IF A PAYMENT IS DUE, ATTACH AN ACCOUNTS RECEIVABLE FORM