

Fisk University

Office of the Registrar

1000 Seventeenth Ave. North
Nashville, Tennessee 37208
Phone: 615-329-8586
Fax: 615-329-8587



Registration Add/Drop Form

Student Name: _____ Date: _____

Student ID#: A00000: _____ Classification: _____ Semester: _____

Email: _____ Phone: _____

Add

DEPT.	Course Number	Section	Credit Hours	Course Title	Instructor's Comments	Instructor's Name(Print)	Instructors Signature

Drop

DEPT.	Course Number	Section	Credit Hours	Course Title	Instructor's Comments	Instructor's Name(Print)	Instructors Signature

Important: Students should consult with their academic advisor before making any course changes. Dropping below full-time or originally scheduled credit hours and the date courses are dropped may negatively affect financial aid received. Registration for more than 18 hours requires permission from the Provost and may result in addition fees added to your account.

Advisor Name(Print): _____

Advisor Signature: _____ Date: _____

Provost Signature: _____ (Required for 18.5 Hours or More) Date: _____

Total Hours Before Add/Drop: _____ Total Hours After Add/Drop: _____

For Registrar's Office Only

Completed By(Signature): _____

Completion Date: _____