



# Art Academy of Cincinnati

## Add/Drop Class Registration Form

Please Print

Art Academy  
of Cincinnati  
College of Art & Design

Student Name: \_\_\_\_\_

Last 4 of SSN: \_\_\_\_\_

School Year: \_\_\_\_\_

summer semester  
spring semester  
fall semester

Date: \_\_\_\_\_

Local Address: \_\_\_\_\_

Advisor: \_\_\_\_\_

Phone #: \_\_\_\_\_

### ADDED COURSES

Course #	Course Name	Instructor	Instructor's Signature	# of Credits

### DROPPED COURSES

Course #	Course Name	Instructor	Instructor's Signature	# of Credits

Change in enrollment status\*: \_\_\_\_\_

This form must be signed by the instructor of the course(s) that you are dropping or adding AND your advisor AND by you. Then turn this form in to the REGISTRAR.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Advisor's Signature

\_\_\_\_\_  
Registrar's Signature

\_\_\_\_\_  
Financial Aid Official's Signature\*

\*Financial Aid Official's signature is required IF you are receiving financial aid AND this drop/add form changes you from full-time to part-time or from part-time to full-time status.

CC: Advisor, Business Office, Financial Aid\*, Student