

Add/Drop Form

**Please note, areas in RED text are required fields. Any information left blank may delay processing of this form.

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I am a:	Full Time Student Part Time Student Gradu				ate Student Term:					
Name:	:					ID #:	Telephone Number:			
Home Address:										
Courses Added					Courses Dropped					
Course #	Section	Title	Credits	Instructor	Course #	Section	Title	Credits	Instructor	
Advisor's Signature:							Date:			
I agree to abid an Add/Drop fo			versity as stat	ed in the catalo	g and on the b	oack (or 2No	d page) of this form.*All changes to	your schedule mu	st be done on	
Student Signature:							Date:			
						5	SEE REFUND POLICY ON	N BACK OF T	HIS FORM	
						_				
Revised: 08.19.2021. Property of Centenary University of New Jersey, 400 Jefferson Street, Hackettstown, NJ 07840-(908)852-1400 email: registrar@centenaryuniversity.edu										

Please "Print to PDF" to save the form before sending to the Registrar's Office. Sending a blank form will results in a delay in processing your form.

REFUND POLICY

For detailed information contact the Bursar's Office or go to: http://www.centenaryuniversity.edu/admission-aid/tuition-and-billing/bursar-office/refund-policies/

Traditional Undergraduate and Graduate Program Students - Fall, Spring and Summer Semesters* Credit for Semester Charges will be made in accordance with the following schedule:*

Withdrawal Prior to the 1st day the Semester 100%
Withdrawal During the 1st 5 days of Add/Drop and Late Registration 100%
Withdrawal After Add/Drop and Late Registration 0%

*The date used to calculate the specific period of enrollment shall be the date on which the student notifies the University, as stated above, of his/her intent to withdraw or take a leave of absence from the University or a course. Withdrawals will be made in accordance with any federal and/or state loan or grant program regulations.