ADD-DROP FORM 08/18

DALLAS BAPTIST UNIVERSITY

Name: _____ DBU ID#: _____.
Last *First* *Middle*

Permanent Mailing Address: _____.
Number and Street *City* *State* *Zip*

Phone: ( ) _____—_____ Do you receive VA Benefits? ☐ Yes ☐ No Are you graduating this semester? ☐ Yes ☐ No

STUDENT: Your schedule change will not take effect until this form has been completed and returned to the Registrar's Office.

Student's Signature: _____ Date: _____

Drop date/tuition refund determined by date received in Registrar's Office. A drop fee will be assessed for each drop form processed.

	Term	Department	Course #	Section #	Name of Course	Advisor's Signature/Date
DROP						
ADD						

OFFICE USE ONLY:

Approved Registrar: _____

Semester: _____

Date: _____

By signing, I understand and agree:

(1) to be bound by the University's registration and refund policies stated in the Schedule of Classes; (2) to pay any balance on my account according to the terms of the Deferred Payment Plan which corresponds to my registration date, as such plan is listed in the Schedule of Classes; (3) that I am responsible for amounts not paid by financial aid; (4) to repay a prorated portion of my financial aid if I stop attending classes or withdraw before completing 60% of the term; and (5) if my account is placed with a collection agency, that a collection fee will be added to my balance for charges imposed by the collection agency, and that a reasonable collection fee is one which does not exceed 50% of my balance.