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Course Add/Drop/Withdrawal Form

Purpose of this form: This form is to be used by students who seek to add or drop course(s) during add/drop period or by students who seek to withdraw from course(s). Please refer to academic calendar, the course add/drop/withdrawal policy as well as the cancellation/refund policy.

Student Name		Student Email
Student ID		Phone #
Program of Study		Address:

NOTE: All Requests must be done in writing and approved by the register/administration.

ADD COURSE(S)						
Course Code & Course Title	Cohort	Reason	Academic Advisor's Signature	Date	Advisor's Comment	Registration Status
					<input type="checkbox"/> Approved <input type="checkbox"/> Denied	<input type="checkbox"/> Official <input type="checkbox"/> Unofficial
					<input type="checkbox"/> Approved <input type="checkbox"/> Denied	<input type="checkbox"/> Official <input type="checkbox"/> Unofficial

DROP COURSE(S)						
Course Code & Course Title	Cohort	Reason	Academic Advisor's Signature	Date	Advisor's Comment	Registration Status
					<input type="checkbox"/> Approved <input type="checkbox"/> Denied	<input type="checkbox"/> Official <input type="checkbox"/> Unofficial
					<input type="checkbox"/> Approved <input type="checkbox"/> Denied	<input type="checkbox"/> Official <input type="checkbox"/> Unofficial

WITHDRAW COURSE(S)						
Course Code & Course Title	Cohort	Reason	Academic Advisor's Signature	Date	Advisor's Comment	Registration Status
					<input type="checkbox"/> Approved <input type="checkbox"/> Denied	<input type="checkbox"/> Official <input type="checkbox"/> Unofficial
					<input type="checkbox"/> Approved <input type="checkbox"/> Denied	<input type="checkbox"/> Official <input type="checkbox"/> Unofficial

Student' Signature: _____ **Date:** _____

I understand that I am obligated to pay tuition and fees for course registration and that UHS will cancel registration for non-payment of tuition/fees or non-attendance. By signing this form, I certify that I understand the course add/drop/withdrawal policy as well as the cancellation/refund policy.

Office Use Only:						
Registrar's Office	Date Received: _____	By: _____	Date Processed: _____	By: _____		
Accounting Office	Date Received: _____	By: _____	Date Processed: _____	Refund:\$ _____	Payment:\$ _____	