



OKLAHOMA STATE UNIVERSITY  
OFFICE OF THE REGISTRAR

OUTREACH DROP/ADD FORM

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

[ ] Spring 200\_\_

SSN/CWID: \_\_\_\_\_

[ ] Summer 200\_\_

[ ] Fall 200\_\_

ADD

CID#	Course Prefix	Course #	Section #	Credit Hours	Course Title

Audit to Credit \_\_\_\_\_

DROP

CID#	Course Prefix	Course #	Section #	Credit Hours	Course Title

Credit to Audit \_\_\_\_\_

Reason for dropping: \_\_\_\_\_

By signing this form I understand that I am responsible for adhering to the OSU drop/withdrawal policy. Should I officially drop, cancel, or withdraw, any reduction in tuition and fees will be determined by the date I file my request. Failure to attend course(s) does not constitute an official drop/withdrawal.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date