## Wilmington University Office of the Registrar

## **Request for Dropping and Adding Classes**

Name	Student ID
<b>Daytime Phone</b>	Evening Phone
	If you are adding classes only or adding more credits to your original credit load, you must complete the Payment Agreement below.
	COURSE ID: (example: ENG101 SEN01 FA2008)
	For:
	DRO
	ADD
	Students receiving financial aid should consult the Student Financial Services office to determine potential consequences related to changes in course credit load.  Date
Signature	
Check intende	Payment Agreement d method of payment.
Full Pay (cree	ck or money order)  Third Party Pay (specify): Del River/Bay Voc Rehab dit card)  USAF-TA  USAF-TA  Other (attach voucher)
Full Pay by Ch	eck or Money Order: Enclose tuition, registration, and course fees or submit in person.
Payment by C	redit Card: May be used for full pay or to pay fees for payment plan. Complete all information and sign.
applicable tuition	ington University to charge my credit card listed below (signer must be account cardholder) the full amount of and fees for my selected course request. The amount charged will include adjustments for math errors, adjustments ourse fees, and any late fees. I agree to be bound by the academic and financial policies that apply at the time of my
Credit Card Num	Expiration Date //
Type: VISA	☐ MasterCard ☐ Discover ☐AMEX Amount of credit card charge \$

Name of account cardholder (please print)

Signature (account cardholder)