



# ADD / DROP AND SPECIAL APPROVAL FORM

## Student Information

Semester:  Fall  Winter  Spring  Summer 1  Summer 2 Year \_\_\_\_\_

Name \_\_\_\_\_  
Last First MI

FIT ID Number \_\_\_\_\_

Major \_\_\_\_\_ Date Submitted \_\_\_\_ / \_\_\_\_ / \_\_\_\_

## Add/Drop Courses

<input checked="" type="radio"/> ADD	<input checked="" type="radio"/> DROP	Course Registration Number (CRN)	Course #	Section #	Credits

## Department Chairperson Special Approvals

1. I authorize the student to register for: \_\_\_\_\_  
Course Number Section  
 Override pre-requisite(s) \_\_\_\_\_ Allow student to take pre-requisite(s) \_\_\_\_\_ concurrently with course.  
 Override co-requisite(s) of \_\_\_\_\_ Override major restriction \_\_\_\_\_  
Major  
 Dept. Chair Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

2. I authorize the student to register for: \_\_\_\_\_  
Course Number Section  
 Override pre-requisite(s) \_\_\_\_\_ Allow student to take pre-requisite(s) \_\_\_\_\_ concurrently with course.  
 Override co-requisite(s) of \_\_\_\_\_ Override major restriction \_\_\_\_\_  
Major  
 Dept. Chair Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

3. I authorize the student to register for: \_\_\_\_\_  
Course Number Section  
 Override pre-requisite(s) \_\_\_\_\_ Allow student to take pre-requisite(s) \_\_\_\_\_ concurrently with course.  
 Override co-requisite(s) of \_\_\_\_\_ Override major restriction \_\_\_\_\_  
Major  
 Dept. Chair Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

## Major Chairperson and Dean Approval for Credit Overload

Student would like to exceed the limit of \_\_\_\_\_ credits & register for \_\_\_\_\_ credits for the current semester.

Chairperson of your current Major's Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

School Dean of your current Major's Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Information on FIT college policy regarding tuition and fees can be found at [www.fitnyc.edu/bursar](http://www.fitnyc.edu/bursar).  
By signing this form, I acknowledge that I am requesting the registration changes above and that I am responsible for any tuition and fees associated with these changes.

\_\_\_\_\_  
Student's Name Student's Signature Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_