

**MICHIGAN STATE
UNIVERSITY
COLLEGE OF LAW**

J.D. DROP/ADD FORM

Semester: _____

First Name: _____ Surname: _____

PID: _____

Phone #: _____

MSU Email Address: _____

****Special Note to Scholarship Students:** The charge assessed for a course that is dropped after the 100% refund date is past is **NOT** covered by scholarships. The student will be required to pay the full rate of tuition for the dropped course.

Course Number	Section Number	Section ID (6 digits)	Course Name	Credit	Drop	Add

Student Signature: _____

Date: _____

Professor Signature: _____

(Required only for an override to add a course if the course is full *OR* if the course has met more than once)

Date: _____

Asst. Dean for Student Engagement: _____

(Required only to receive an override to enroll in more than 16 credits)

Date: _____

Comments: _____

The Registrar's Office requires at least 24-48 hours to process all requests.
Please submit in person to the Registrar's Office, Room 309, or by fax 517-432-6821.

SIS Entry by: _____ Date: _____