

RU Student ID

## Course Overload / Withdrawal /Add & Drop Request Form

Name

| Admission Year   |                      |        |                     | RU Email |      |         |                     |  |  |
|--|----------------------|--------|---------------------|----------|------|---------|---------------------|--|--|
| List all the courses for which you wish to register or for which you have registered.  |                      |        |                     |          |      |         |                     |  |  |
| <ul><li><b>O</b>=Overload</li><li>《Action Key》</li><li><b>W</b>=Withdrawal from courses after course cancellation period</li></ul> |                      |        |                     |          |      |         |                     |  |  |
| Please select. <b>D</b> =Drop from courses before/within course cancellation period  |                      |        |                     |          |      |         |                     |  |  |
| $\mathbf{A}$ =Add courses during the course registration periods (SPECIAL CASES ONLY)  |                      |        |                     |          |      |         |                     |  |  |
| Withdrawal from courses applies only to students before Hurdle Assessment.   |                      |        |                     |          |      |         |                     |  |  |
| Select<br>One  | Course Num           | ber    | Course <sup>-</sup> | Γitle    |      | Credits | RU Subject<br>Group |  |  |
|  |                      |        |                     |          |      |         |                     |  |  |
|  |                      |        |                     |          |      |         |                     |  |  |
|  |                      |        |                     |          |      |         |                     |  |  |
|  |                      |        |                     |          |      |         |                     |  |  |
|  |                      |        |                     |          |      |         |                     |  |  |
|  |                      |        |                     |          |      |         |                     |  |  |
| Total number of credits <b>after the change</b>  |                      |        |                     |          |      |         |                     |  |  |
| Please give your justification / reason for change.  |                      |        |                     |          |      |         |                     |  |  |
| For Course Withdrawal: please complete the second page as well.  |                      |        |                     |          |      |         |                     |  |  |
| For Course Overload: you need to have earned at least 16 credits with RU GPA 3.0 or higher in the previous semester.               |                      |        |                     |          |      |         |                     |  |  |
|  |                      |        |                     |          |      |         |                     |  |  |
|  |                      |        |                     |          |      |         |                     |  |  |
|  |                      |        |                     |          |      |         |                     |  |  |
|  |                      |        |                     |          |      |         |                     |  |  |
| Advisor Comment  |                      |        |                     |          |      |         |                     |  |  |
|  |                      |        |                     |          |      |         |                     |  |  |
|  |                      |        |                     |          |      |         |                     |  |  |
| Student's  | signature            |        |                     |          | Date |         |                     |  |  |
| Designee'  | s signature (if requ | uired, | )                   |          | Date |         |                     |  |  |
|  |                      |        |                     |          |      |         |                     |  |  |

For the course withdrawal, please complete the second page as well.



## **Course Withdrawal Consent Form**

| Meeting Date with the Academic Advisor (MM/DD/YY   | YY):                      |  |  |  |  |  |
|--|---------------------------|--|--|--|--|--|
| Advisor Name:  |                           |  |  |  |  |  |
| Advisor Signature:   |                           |  |  |  |  |  |
| Meeting Date with the Course Instructor (MM/DD/YYY (Only if the course has already begun)  | Y):                       |  |  |  |  |  |
| Instructor Signature:(Same as above)   |                           |  |  |  |  |  |
| I hereby certify that I have met with an academic ad course withdrawal as indicated above. I also certify I am making the informed decision. | •                         |  |  |  |  |  |
| [Check ALL]  |                           |  |  |  |  |  |
| Applying for the course withdrawal may delay t   | he start of study at ANU. |  |  |  |  |  |
| Applying for the course withdrawal may delay the graduation.   |                           |  |  |  |  |  |
| After the course is formally withdrawn, I am no request it be reinstated under any circumstance  | •                         |  |  |  |  |  |
| Student Signature  | Date (MM/DD/YYYY)         |  |  |  |  |  |