Credit Course Add/Drop Form



Newburgh Campus 1 Washington Center, Newburgh, NY 12550
Middletown Campus 115 South Street, Middletown, NY 10940
(845) 341-4140 ● registrar@sunyorange.edu

Name of	Student (Las	t, First, Mido	dle Initial)	Student ID#: A			Date:
Address: City:				State:		Zip:	
	of Credits Cu						
Is this a	complete with	idrawal from	SUNY Orai	nge this seme	ester? Yes	No	
emester/Year: Fall Winter			Spring		Sumn	Summer	
CDM	C 1: 4		g v:	Add Cour		Г	14 G: 4
CRN	Subject	Course	Section	Credits	Campus	Fac	ulty Signature
				Drop Cour	rse		
CRN	Subject	Course	Section	Credits	Campus	Facı	ulty Signature
semester'		result in a re	duction or lo	ss of financi			tand that a reduction in Refund Policy and any
<u>Signatur</u>	es Required:						
Student's	Signature				Date		
Advisor's	Signature				Date		
Addition	al Signatures	Required for	or Late Add	(s): Week 2	: Faculty/De	enartment Chair	rperson Signatures
							nature Required
Department Chairperson Signature					Date		**For Student Services Central Use Only**
Associate	Vice Preside	nt Signature			Date		Process Date Initials