



Fairfax University of America
 4401 Village Drive
 Fairfax, VA 22030
 Phone: (703) 591-7042 Fax: (703) 591-7048
 Registrar@fxua.edu

Course Add/Drop/Withdrawal Form

Purpose of this form: This form is to be used by students who seek to add or drop course(s) during the add/drop period or by students who seek to withdraw from course(s). Please refer the academic calendar, the course add/drop/withdrawal policy as well as the cancellation/refund policy.

Semester/Session	Fall _____ Spring _____ Summer I _____ Summer II _____	Mark here () if this request is due to change of your program
FXUA ID		Program of Study
Last Name		First, Middle (if any) Name

Address: _____
 _____ Street _____ City _____ State _____ Zip _____
 Phone: _____ E-mail: _____@campus.fxua.edu

I understand that I am obligated to pay tuition and fees for course registration, and that FXUA does not cancel registration for non-payment of tuition and fees or non-attendance. By signing this form, I certify that I understand the course add/drop/withdrawal policy as well as the cancellation/refund policy.

Student's Signature: _____

Date: _____

ADD COURSE(S)

Course Code & Course Title	Section (If any)	Reason	School Dean's or Academic Advisor's Signature	Date	Advisor's Comment	Registration Status
					<input type="checkbox"/> Approved <input type="checkbox"/> Denied	<input type="checkbox"/> Official <input type="checkbox"/> Unofficial
					<input type="checkbox"/> Approved <input type="checkbox"/> Denied	<input type="checkbox"/> Official <input type="checkbox"/> Unofficial
					<input type="checkbox"/> Approved <input type="checkbox"/> Denied	<input type="checkbox"/> Official <input type="checkbox"/> Unofficial

DROP COURSE(S)

Course Code & Course Title	Section (If any)	Reason	School Dean's or Academic Advisor's Signature	Date	Advisor's Comment	Registration Status
					<input type="checkbox"/> Approved <input type="checkbox"/> Denied	<input type="checkbox"/> Official <input type="checkbox"/> Unofficial
					<input type="checkbox"/> Approved <input type="checkbox"/> Denied	<input type="checkbox"/> Official <input type="checkbox"/> Unofficial
					<input type="checkbox"/> Approved <input type="checkbox"/> Denied	<input type="checkbox"/> Official <input type="checkbox"/> Unofficial

WITHDRAW COURSE(S)

Course Code & Course Title	Section (If any)	Reason	School Dean's or Academic Advisor's Signature	Date	Advisor's Comment	Registration Status
					<input type="checkbox"/> Approved <input type="checkbox"/> Denied	<input type="checkbox"/> Official <input type="checkbox"/> Unofficial
					<input type="checkbox"/> Approved <input type="checkbox"/> Denied	<input type="checkbox"/> Official <input type="checkbox"/> Unofficial
					<input type="checkbox"/> Approved <input type="checkbox"/> Denied	<input type="checkbox"/> Official <input type="checkbox"/> Unofficial

Office Use Only:
 Registrar's Office Date Received: _____ By: _____ Date Processed: _____ By: _____
 Accounting Office Date Processed: _____ By: _____ LDA: _____