National University of Natural Medicine
ADD/DROP ▪ SECTION CHANGE ▪ SECTION SWAP

- **Students who are on federal financial aid and whose reduced course loads change their status from full-time to part-time must meet with the Director of Financial Aid. VA or International students must meet with Registrar.**
- **To change to audit –** List the course(s) and circle appropriate action. Instructor signature required.
- **To drop core curriculum courses –** Signature from the dean is required.
- **Lab and retreat fees** – Non-refundable after the term begins.
- **Week 1** – Students may add/drop/change sections/change to audit and receive a 100% tuition refund.
- **Week 2** – Students may add/drop/change sections/change to audit and receive 75% refund.
- **Week 3 –** Instructor/Dean signature is required and they must indicate if drop pass (i.e. "W") or drop fail (i.e. "WF") and receive a 50% tuition refund
- **Week 4 -** Instructor/Dean signature is required and they must indicate if drop pass (i.e. "W") or drop fail (i.e. "WF") and receive a 25% Tuitions refund
- **Weekend courses –** May add/drop 1 week before course begins with full tuition refund (no refund on lab or retreat fees).

Name (Please Print) _____ **Term** _____ VA ☐ International ☐

Signature_____ **Date** _____ **Total Current Credits** _____ **Total Adjusted Credits** _____

Please mark appropriate action:
___Add/___Drop/___Change to Audit

| _____ | _____ | _____ | _____ | _____ |
| Course # | Course Title | Section | Day | Time |

Instructor Signature if after week 2 _____ Grade (i.e. W or WF) _____

___Add/___Drop/___Change to Audit

| _____ | _____ | _____ | _____ | _____ |
| Course # | Course Title | Section | Day | Time |

Instructor Signature if after week 2 _____ Grade (i.e. W or WF) _____

Please fill out this section to request a section change. Only two lab/small group class changes will be honored.

Course # and Name	**Assigned Section**	**Desired Section w/Date & Time**
_____	_____	_____

If you have found someone with whom to swap, please fill out this section.
They are: _____ Their Mailbox: _____

	Course # and Name	**Assigned Section**	**Desired Section w/Date & Time**
I am in:			**I Want:**
They are in:			**They Want:**

Their signature: _____ Date: _____

Financial Aid (**needed if dropping below full time**):

Student has been advised on Financial Aid eligibility _____   _____
                                                                              Signature   Date

---

Program Dean or designee (**needed if dropping required course**) Registrar's Office Signature (**needed if dropping elective**):

Signature _____ Date _____

Registrar _____   Return completed form to Registrar's Office