FLORIDA COASTAL SCHOOL OF LAW
REGISTRATION ADD/DROP FORM

PLEASE PRINT ALL INFORMATION

Social Security Number	Last Name First Name MI		Sem Yr
Home Phone	Work Phone		Date

	Course Title		Course Number	Credit Hrs	Mentor's Signature
ADD		FL -			
		FL -			
		FL -			
		FL -			
		FL -			
		FL -			

	Course Title		Course Number	Credit Hrs	Mentor's Signature
DROP		FL -			
		FL -			
		FL -			
		FL -			
		FL -			
		FL -			

Total credits before change _____ Total credits after change _____ No. Of Hours Dropped _____ No. Of Hours Added _____

CERTIFICATION OF EMPLOYMENT

I hereby certify that I am:

- ☐ a Full-time Student, not working more than 20 hours per week
- ☐ a Part-time Student
- ☐ not working & do not plan to work during the academic year
- ☐ not working, but do plan on securing employment during the academic year. If I obtain employment I shall promptly file an amendment.

STUDENT SIGNATURE _____ DATE _____

REGISTRAR SIGNATURE _____ DATE _____

AUTHORIZED BY DEAN _____ DATE _____
(REQUIRED AFTER ADD/DROP PERIOD)

below section to be completed by dean only:

☐ with W grades	☐ with WF grades	☐ remove from transcript
☐ with financial liability	☐ without financial liability	☐ Other:_____