



**JOHNS HOPKINS**  
SCHOOL of EDUCATION  
**ADD/DROP FORM**

Term/Year \_\_\_\_\_  Summer  Fall  Jan. Intersession  Spring/May Session

**All Students Complete**

SOCIAL SECURITY NUMBER – last 4 digits <b>XX X – XX –</b> _____		LAST NAME		FIRST NAME	
ADDRESS			CITY	STATE	ZIP CODE
DAY TELEPHONE		EVENING TELEPHONE		JHU EMAIL ADDRESS	
COUNTY (Maryland)					

**List Changes Below**

	DEPT. NO. Ex: ED.123.456	COURSE NO.	SECT. NO. Ex: 91 or AB1C	COURSE TITLE	CHECK STATUS		TUITION FEES
					CREDIT	AUDIT	
<b>ADDS</b>	1						
	2						
	3						
<b>DROPS</b>	1						
	2						
	3						

Reason for dropping (optional):  Adviser recommendation  Personal reasons  Schedule conflict  
 Other \_\_\_\_\_

**Student's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Are you currently receiving financial aid?  Yes (see below)  No  
Did you use VA Education Benefits as payment?  Yes (see below)  No  
Are you currently enrolled in the student health insurance plan?  Yes (see below)  No  
I am an international student on an F-1 visa:  Yes (see below)  No

<b>OFFICE USE ONLY</b>
Date _____
Processed by _____
Adviser's Approval _____

**NOTE:** Dropping courses could affect a student's financial aid status, JHU tuition remission benefits, VA benefits, student health insurance plan, or an International student's visa status (if on an F-1 visa, consult with the International Student Services offices before dropping any courses). Please consult the Financial Aid office before dropping below 6 credits. It is also strongly recommended that any student consult with his or her adviser prior to dropping a course. VA benefit recipients must contact the school's certifying official at [soe.registration@jhu.edu](mailto:soe.registration@jhu.edu)

Term/Year \_\_\_\_\_ Add/Drop Payment for :  Summer  Fall  Spring/May Session

**Payment Section All students must complete this section.**

STUDENT'S NAME (Please Print)	SOCIAL SECURITY – Last 4 digits <b>XX X – XX –</b> _____	DAY TELEPHONE
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CHECK METHOD(S) OF PAYMENT  [Payment Plan](#) confirmation # \_\_\_\_\_  Electronically Bill Me \_\_\_\_\_ [JHU Email](#) Required

Cash/Amount \_\_\_\_\_  Check/Amount \_\_\_\_\_  Charge Amount\* \_\_\_\_\_  JHU Remission \_\_\_\_\_  VA Benefits \_\_\_\_\_

Education Grant\* \_\_\_\_\_ (List Amt.)  Employer Contract\*\* \_\_\_\_\_  JHU Financial Aid\* \_\_\_\_\_ (List Amt.)

\*Complete information below      \*\*Please Attach      \*Read the [financial aid instructions](#) before checking this box

<b>FA Office Use Only</b>
Amount _____
Approved By _____

**Credit Card Information (Complete only if charging payment to a credit card.)**

CARDHOLDER'S NAME (Please Print)	CARDHOLDER'S SIGNATURE	CARDHOLDER'S ZIP CODE
CREDIT CARD TYPE: <input type="checkbox"/> Visa <input type="checkbox"/> Mastercard <input type="checkbox"/> Discover <input type="checkbox"/> American Express	CREDIT CARD NUMBER	EXPIRATION DATE