

# The United States Sports Academy

One Academy Drive  
Daphne, Alabama 36526  
Phone: (251) 626-3303  
Fax: (251) 625-1035  
<http://www.ussa.edu>  
E-Mail: [registrar@ussa.edu](mailto:registrar@ussa.edu)



## Academy Drop/Add Form

**INSTRUCTIONS:** No change will be made on your registration until this form is completed and signed. This form may be hand delivered, mailed or faxed, but keep in mind that the change **does not become effective** until the date it is received by the Registrar's office. The amount of tuition refund will be pro-rated per the Academy's refund policy.

**Check if applicable:**  1-7 days = 100 %     8-18 =90%     19-29=50%     30-38=25%

**\*\*\*\*After 38 days a withdrawal form is required\*\*\*\***

Name: \_\_\_\_\_ Student ID: \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_ State, Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Date: \_\_\_\_\_

**STUDENT AGREEMENT:** I understand the financial implications of this request. I understand that I may be responsible to repay any financial aid received for the dropped course(s), if applicable. I also understand that I may owe tuition and fees for the dropped course(s) and that it may significantly affect my financial aid and/or charges.

**Financial Aid Impact of Withdrawing from course(s):** Withdrawals/Drops may affect your financial aid situation and may result in some or all of your federal aid being returned to the federal government. Students who receive Title IV aid and Withdraw/Drop from the course(s) will be reviewed to determine whether unearned federal financial aid must be returned.

Please contact the **Financial Aid and/or the Billing office** for balance information and the possible financial implications of your drop request.

**COURSES TO BE DROPPED:**    Term FA \_\_\_\_\_    SP \_\_\_\_\_    SU \_\_\_\_\_

Reason(s) for drop:

\_\_\_\_\_

Course Number	Course Title	Section	Credits	Instructor
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_____	_____	_____	_____	_____
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**COURSES TO BE ADDED:**    Term FA \_\_\_\_\_    SP \_\_\_\_\_    SU \_\_\_\_\_

Course Number	Course Title	Section	Credits	Instructor
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_____	_____	_____	_____	_____
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_____	_____	_____	_____	_____
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Approved By: \_\_\_\_\_ Effective date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Registrar or Designee