

Request to Add/Drop Classes

Tull name		1D.#	
-ull name:		ID#	
Phone Number:			
Semester: □ Fall □ Sp	ring 🗆 Summer		
request to <u>ADD</u> the foll	lowing courses. Have	the instructor initial and approve, i	f applicable.
nstructor Course #	# Section #	Course Name	Credit(s)
			
		ve the instructor initial and approve	
request to <u>DROP</u> the fo	ollowing courses. Hav	ve the instructor initial and approve	, if applicable.
request to <u>DROP</u> the fo nstructor Course # nitial ————	ollowing courses. Hav	ve the instructor initial and approve Course Name	, if applicable. Credit(s)
request to <u>DROP</u> the fo	bllowing courses. Have # Section #	ve the instructor initial and approve Course Name	, if applicable. Credit(s) ———————————————————————————————————

Please return your completed form to the Registrar's Office, Room 119.

	Office use only	
Dean of Students signature (if applicable):	Date:	
Registered credits after add/drop:	Date entered:	Completed by:

Last updated December, 2015