Request to Add/Drop Classes

Date: _____

Full name: _____   ID# _____

Phone Number: _____

Semester: □ Fall   □ Spring   □ Summer

I request to **ADD** the following courses. Have the instructor initial and approve, if applicable.

Instructor Initial	Course #	Section #	Course Name	Credit(s)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

I request to **DROP** the following courses. Have the instructor initial and approve, if applicable.

Instructor Initial	Course #	Section #	Course Name	Credit(s)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Student Signature: _____

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