

ADD / DROP FORM



Term: Fall Winter Spring Summer

Date _____

Name _____ ID Number _____

Course Number	Section	Course Title	Instructor	Credit Hours	ADD or DROP <i>(circle one)</i>
					ADD DROP
					ADD DROP
					ADD DROP
					ADD DROP
					ADD DROP

Advisor Signature _____ Date _____

Instructor Signature _____ Date _____

Instructor signature REQUIRED for Adds, on or after, the first day of the term.

Instructor signature REQUIRED for Drops, after the last day to add.

Athletic Director initials REQUIRED for student athletes.

Athletic Director Initials _____ Date _____
