



# DROP/ADD FORM

## (CLASS CHANGES)

Term of Registration (circle one):    Fall            Spring            Summer            Current Year: \_\_\_\_\_

Name Last: \_\_\_\_\_ First : \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Student ID: \_\_\_\_\_

**PLEASE READ CAREFULLY.....**

1. Fill out ALL information for classes to be dropped or added.
2. Obtain instructor's signatures for each class you want to add if the class is closed.
3. Obtain Advisor's approval signature.
4. Return form to Registrar's Office.

**ADD Section**

CRN	SUBJ	NUM	SEC	Course Name	Crdts	Time	Days	Instructor

**DROP Section**

CRN	SUBJ	NUM	SEC	Course Name	Crdts	Time	Days	Instructor

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Registrar verification: \_\_\_\_\_ Date: \_\_\_\_\_