



DROP/ADD FORM

CLASS CHANGES (please use blue or black pen)

Term of Registration : Fall Spring Summer Term 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. 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: _____