



ADD/DROP FORM

ID#: _____ Year: _____ Fall Spring SS1 SS2 Other _____

Last Name: _____ First: _____ Middle: _____

Phone # _____ Email: _____

DROP				ADD			
Subject	Course #	Section #	Instructor	Subject	Course #	Section #	Instructor

**Please keep a copy of this form until final grades are posted and/or appropriate refund is received.*

The following signatures are required for all transactions:

Academic Advisor: _____ Date: _____

Financial Aid Representative: _____ Date: _____

Admissions Representative: _____ Date: _____

Student Signature: _____ Date: _____

This form can ONLY be submitted and processed at the Office of Admissions and Records.

Office - White Copy
Student - Yellow Copy